



# **Transforming Children’s Behavioral Health Policy and Planning Committee**

**2025 – 2028 Strategic Plan**



University of New Haven

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## I. Acknowledgements

We are proud to present the strategic plan for the Transforming Children’s Behavioral Health Policy and Planning Committee (TCB) that will guide their work through 2028. This plan **embodies the spirit** of collaboration across a multi-faceted array of stakeholders and represents the **extraordinary potential to bring about meaningful change** when a coalition of passionate and dedicated parties come together to strengthen Connecticut’s children’s behavioral health system to **ensure the best outcomes for all our children**.

We thank the TCB Tri-Chairs, who each bring a unique yet complimentary devotion and approach to the work that created an environment where all voices can be heard. We want to acknowledge the enthusiasm and dedication of the TCB Members, a diverse assembly of experts, stakeholders, and parents from across the state, and every individual who helped realize this plan by sharing their personal and professional experiences, knowledge, and expertise over the many months of meetings, presentations, focus groups, workshops, and working sessions. Their commitment to the idea that a sustainable, accessible, and high-quality behavioral health system is paramount to the well-being of all children is commendable and inspiring.

We acknowledge and thank the **many dedicated, hard-working, deeply caring originators of reform** who pioneered the creation of Connecticut’s Children’s Behavioral Health Plan, and the Children’s Behavioral Health Plan Implementation Advisory Board who have graciously allowed us to work alongside them and whose groundbreaking efforts laid the foundation for our current work.

***Tow Youth Justice Institute***

## II. Letter from the Tri-Chairs

Dear Members, Stakeholders, and Advocates,

It is with great honor and pride that we present the Transforming Children's Behavioral Health Policy and Planning Committee's (TCB) first strategic plan, a living document intentionally focused on our future, and intended to help guide us over the next three years.

We recognize that so much important work has been done in the area of children's behavioral health services in Connecticut over the last decade to create a broad array of services and resources. We understand that our children's needs continue as they age and develop, and that new needs arise. We have the expertise of dedicated state agencies committed to working alongside a strong network of providers, organizations, advocates, and advisory bodies, all of whom are working tirelessly for Connecticut's children and families. We also understand that our children's behavioral health system is facing a crisis that cannot be ignored, and even with our significant progress, more work is needed.

For some of us, we know this through personal experience. We have loved ones, friends, colleagues, or someone in our community who has been impacted by behavioral health issues and the growing challenges they face getting the services and resources they need. These challenges and needs became acutely apparent during COVID and continued as we emerged from the pandemic. It is critical that the system(s) and communities that play such crucial roles in our children's care and growth are prepared to identify, early, any developmental and or emotional needs our children may face.

The TCB was created as a vehicle for action and re-calibration to strengthen and make sustainable our children's behavioral health system through policy and legislative action, ensuring Connecticut's children's behavioral health system is responsive to each community.

As a body we are tasked to consider both the micro of the very personal, one-on-one work done with children and families, and the macro of aligning and strengthening the complex system of care and its many parts that treat them, including the deeply invested funder and provider networks. Working together, we all believe it's possible to reconcile the two to create a high performing, stronger system of services.

The TCB is composed of an extraordinarily diverse group of stakeholders from every area and level of expertise, all of whom are dedicated to a nuanced and intentional approach to our work. We witnessed this in the first year of preparation that went into creating this strategic plan and first round of legislative recommendations. The work wasn't just done in the monthly planning meetings. It was done in the workgroup

sessions, in workshops, focus groups, through data collection, and research, proving that as active members committed to a shared ideal centered on the wellbeing of our children and their family, we can get things done.

We are here to improve our children's outcomes. There is much to do, much more than can be accomplished with one strategic plan or one round of legislative recommendations. Remember: we are only at the beginning of this extraordinary journey, and it will take all of us learning together and collaborating to earn each 'win' as we stabilize, strengthen, and make our children's behavioral health system responsive and sustainable.

Sincerely,

***Senator Ceci Maher***

***Representative Tammy Exum***

***Claudio Gualtieri, Office of Policy & Management, Senior Policy Advisor***

***TCB Tri-Chairs***

### III. Mission Statement and Purpose

#### Mission

TCB Committee exists to **strengthen and align** Connecticut’s system of care through **legislative recommendations and strategic reforms** aimed at improving access to high-quality services and promoting children’s behavioral health and well-being through a sustainable continuum of care.

As a **bridgebuilder**, TCB will engage system-wide stakeholders, use data to assess gaps and system inefficiencies, identify cross-system alignment, and make recommendations that address and overcome the **root obstacles** in order to promote the well-being and resilience of all children and families.

We define success as achieving a behavioral health system that is accessible to all children and provides appropriate, affordable, high-quality behavioral health services at **the right time and place to ensure the most positive outcomes** so that Connecticut’s children can thrive well into the future.

#### Purpose

The Transforming Children’s Behavioral Health Policy and Planning Committee (“TCB”) was established in 2023 by Public Act 23-90 and mandated to evaluate the availability and effectiveness of prevention, early intervention, and treatment services for children’s behavioral health, substance use disorders, and general well-being of children aged from birth to eighteen. **Through targeted recommendations** to the General Assembly and executive agencies, the TCB may propose necessary actions to improve: (1) developmental and behavioral health outcomes for children, (2) facilitate transparency and accountability across state agencies, community-based organizations, and institutional providers, and (3) promote policies to advance data sharing and reporting between state agencies and state-funded programs. The law further directs the committee to assess and identify:

1. Statutory and Budgetary changes to improve the children’s behavioral health system.
2. Service Delivery Gaps and other missed opportunities to advance the State’s ability to offer families a set of streamlined, accessible, and responsive solutions.
3. Strengths and Barriers that either support or hinder children’s behavioral health care.
4. School-Based Behavioral Health Efforts that collaboratively support efforts to improve behavioral health outcomes for children.

5. Disproportionate Behavioral Health Access and Outcomes for children of color and those in underserved communities such as rural parts of the state.
6. Disproportionate access and outcomes across the behavioral health care system for children with developmental and intellectual disabilities.
7. Quality Assurance framework(s) to maintain timely data analytics to improve both private and publicly operated behavioral health services, facilities, and programs capacity to streamline and centralize processes and operations with accountability and agility.
8. Governance Structure to align state public policy and healthcare goals to ensure that all children and families, in urban, rural, and all other areas of the state, can access high-quality behavioral health care regardless of their ability to pay.
9. Sustainable Workforce Needs to support the evolving behavioral health needs of children.

While the enacting legislation sets out a comprehensive agenda, the **TCB builds on the substantial progress** made by statewide children’s behavioral health initiatives over the years. The TCB aims to propel this work forward and support efforts to increase collaboration, strengthen partnerships, and align systems that will ensure a strong and sustainable behavioral health system that prevents, identifies, and addresses the behavioral health needs of all children in Connecticut.



## IV. Operationalization of the TCB

### A. Leadership

The committee is led by Tri-Chairs, Representative Tammy Exum, Senator Ceci Maher, and Policy Advisor Claudio Gualtieri, who have together, fostered a positive and inclusive environment and maintained open communication between members, workgroups, government agencies, and the legislature.

#### Tammy Exum

State Representative, Deputy Majority Leader



*“I am not an expert in behavioral health; I am a mom who has experienced the entire spectrum of the behavioral health service system, and what I found was broken, and that children and families were falling through the cracks at every conceivable point along the way. As a legislator and a Tri-Chair, I am laser-focused on operationalizing the 2022 legislation that will build the best, most comprehensive system we can.”*

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#### Ceci Maher

State Senator, Deputy President Pro Tempore



*“We need to create a system that works not just for the well-to-do residents of Fairfield County but for all residents, especially those who don't know where to turn, and who don't know how to get the help they need. If we smooth the path of accessibility for the most underserved; we smooth the path for everyone.”*

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#### Claudio Gualtieri

Office of Policy & Management, Senior Policy Advisor



*“The North Star for me is how do we make lasting and meaningful change sustainable so that the next generation won't be vulnerable.”*

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## **B. Administrators**

The Tow Youth Justice Institute (TYJI) at the University of New Haven administers and oversees the work of TCB. In operationalizing the TCB, TYJI is dedicated to facilitating and strengthening collaborations across a complex network of oversight bodies, stakeholders, and agencies in Connecticut's Behavioral Health Services System to ensure that information remains accurate, relevant, and at the forefront of the field.

Erika Nowakowski  
MSW, Executive Director

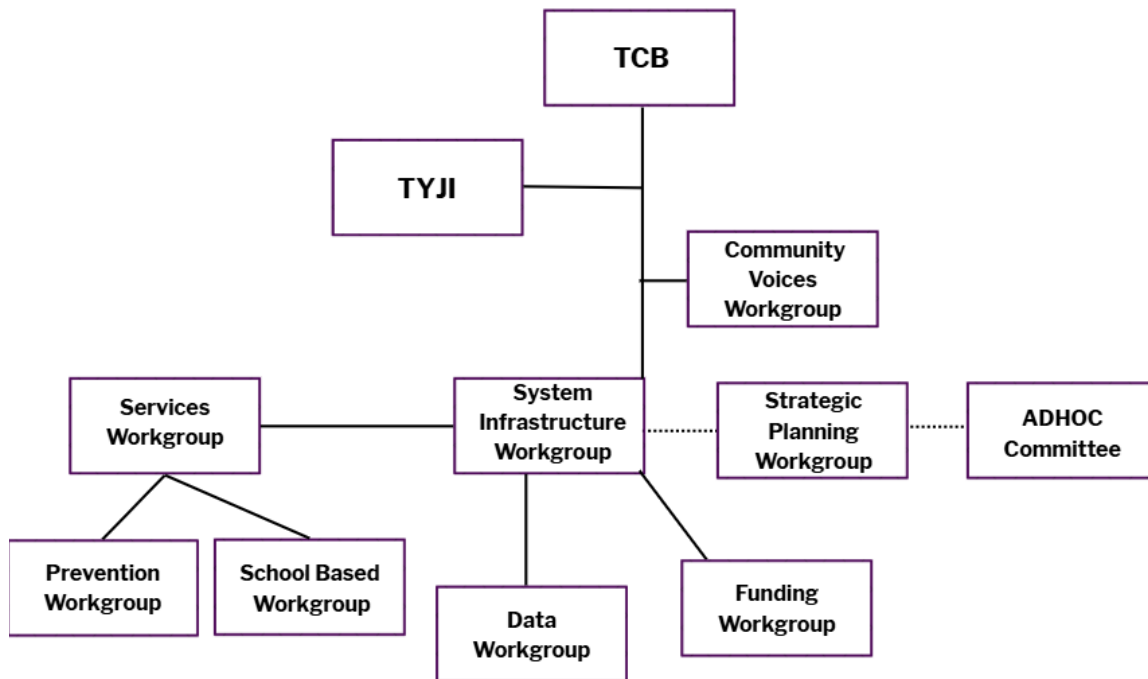
Emily Bohmbach  
MPH, Senior Project Manager

Jacqueline Marks  
Project Coordinator

Stacey Olea  
Project Coordinator

DRAFT

### C. Committee Structure



### D. TCB Members

The TCB is a **diverse multi-sector body**, whose 51 members draw on a vast array of experience and expertise and include representatives of Connecticut’s legislative body, state agencies and departments, non-profit behavioral health organizations serving Connecticut’s children, and individuals with lived experience. **Collaboration is key.** The TCB is committed to making sure that all voices are both heard and valued, and to translating all the aspirations for policy changes, the data collected, the conversations that have taken place over the last decade, and all the great work, into legislative recommendations and actions that will bring about lasting and meaningful change. It is a body that has proven since its inception that it can provide opportunities and connections to bring it all together and turn potential into action.

### E. Workgroups

Workgroups within the TCB are **the “roll up your sleeves” teams** that come together throughout the year to develop workplans, identify priorities and draft legislative, policy and fiscal recommendations for the TCB committee to consider for the upcoming legislative session. The committee identified the need to focus on the financing of the

behavioral health system and have embedded an annual review of system financing in the workplans of all workgroups. **There are four active workgroups**, System Infrastructure, Services, School-Based, and Prevention. Each workgroup has their own set of goals and priorities identified below. Additionally, the committee has established a Community Voices Workgroup and is working to build an ADHOC Committee to monitor national policy impact and response.

- **System Infrastructure Workgroup**

Workgroup Co Chairs: *Alice Forrester, PhD, Chief Executive Officer, Clifford Beers Community Health Partners & Jason Lang, PhD, Chief Program Officer, CHDI*

The System Infrastructure's role is to build the capacity and coordination of the children's behavioral health infrastructure to increase the effectiveness of and access to services that meet family needs. Effectiveness refers to data, governance, oversight, and accountability. Access refers to the availability of a diverse set of services and trained service providers, the coordination of services, systematic knowledge, channels of communication, and funding for sustainability.

- **Services Workgroup**

Workgroup Co-Chairs: *Edith Boyle, LCSW, President and Chief Executive Officer, LifeBridge Community Services & Yann Poncin, MD, Associate Professor and Vice Chair of Clinical Affairs in the Child Study Center*

The Services Workgroup is focused on ensuring statewide and local capacity and awareness to provide a comprehensive range of affordable, integrated, coordinated, and family-centered services to children from birth to age 22, individualized and within the context of their families, caregivers, and communities.

- **Prevention Workgroup**

Workgroup Co Chairs: *Ingrid Gillespie, Director of Prevention, Liberation Programs Inc & Pamela Mautte, Director, Alliance for Prevention & Wellness Program of BH Healthcare*

The Prevention is committed to strengthening children's behavioral health prevention services and programming. It will collaborate to identify challenges, examine solutions, and provide advisory recommendations to enhance prevention efforts statewide.

- **School-Based Workgroup**

Workgroup Co Chairs: *Dr. Elizabeth Connors, Associate Professor of Psychiatry, Division of Prevention and Community Research, Yale School of Medicine & Katerina Vlahos, Executive Director, Bridgeport Prospers*

The School-Based Workgroup will promote mental health, well-being, and academic success for children birth to age 22 by increasing the reach and quality of school-based behavioral health services. Reach refers to equitable availability of timely and appropriate school-based behavioral health services in all CT jurisdictions, through a multi-disciplinary array of coordinated community-partnered and school-employed service providers. Quality refers to effective, student-and family-centered, interventions and approaches which are culturally responsive, equitable, inclusive, and evidence-based.

## **F. Legislative Recommendations**

As a vehicle for reform, the TCB developed its first round of Legislative Recommendations in tandem to the strategic plan and informed by a robust and rigorous process that included workgroups, monthly presentations, feedback from critical stakeholders, research, and evidence-based best practices.

The TCB's 2025 proposed recommendations seek to accelerate efforts to achieve greater value and improve health outcomes for children and families in Connecticut.

### **Summary of recommendations**

- Children's Medicaid Behavioral Health Reimbursement Rate
- Workforce Stabilization
- Autism Spectrum Disorder
- Continuum of Crisis Services Study
- School-Based Health Center study
- School-Behavioral Health Services

## V. Strategic Planning Process

### A. Introduction

Creating a strong and sustainable children’s behavioral health system is **an enormous undertaking that requires coordination and collaboration** across a complex array of agencies, committees, and providers. Connecticut has worked for over two decades to build a sustainable children’s behavioral health system. In more recent years, the 2018 Federal Family First Prevention Services Act prioritized family-based prevention services that led to Connecticut’s federally approved Family First Prevention Plan in 2019. However, the COVID-19 pandemic in 2020 exposed critical vulnerabilities in the system that amplified workforce shortages and service demand and revealed access disparities as service needs peaked.

By 2021, the children’s behavioral healthcare system was in crisis and clearly failing children and families. The lack of coordination, accessibility, and services were being acutely felt by families across the socio-economic spectrum to the point that families were seeking services outside of the state. In response, in 2022, both chambers of the Connecticut Legislature passed by unanimous vote the **landmark Public Act number 22-47**, signed into law by the executive branch, that committed a \$300 million investment to help establish and support urgent crisis centers (UCCs), fund 24/7 emergency mobile crisis services, establish the 988 helpline, and provide respite grants to children when no insurance coverage was available, among other initiatives. It also established the Transforming Children’s Behavioral Health Policy and Planning Committee as a vehicle for evaluating needs and gaps and taking the necessary action to make legislative recommendations that would align and implement new initiatives with past ones.

### B. Planning Process

In 2024, the TCB began work on this strategic plan in a very nuanced and intentional way. The Plan was developed through a deliberate, comprehensive, and collaborative process led by the Tow Youth Justice Institute and the TCB Strategic Planning Workgroup that engaged stakeholders, nonprofits, advocates, children and families, and national experts, conducted extensive fact-finding, and facilitated workshops.

Members set out to take the responsibility of the Behavioral Health System for children by acknowledging the shortcomings of the current system and committing to making real improvements so that children and families have easy access to the support they need, when they need it to help them survive and thrive in their communities.

The process included **months of meaningful and difficult conversations**, not dominated by the few people who know a single program or issue best, but by a consensus of dedicated people united by a **core idea**—*to develop a realistic, working document that would both guide their work for the next three years and lay an important foundation of collaboration and alignment to strengthen and make a sustainable children’s behavioral health system.*

Experts guided various one-day virtual level setting workshops to help members and stakeholders develop the focus of the Strategic Plan, enable informed decision-making, and inspire realistic and practical revisions. In addition, members provided input on what information, data, issues, were missing and explored opportunities to leverage stakeholder voices and encourage engagement with an emphasis on the expertise and voices with lived experience to inform their work.

- On January 5th, 2024, the TCB Strategic Plan Workgroup hosted an all-day “level setting” workshop at Middlesex Community College.
- On June 3rd, 2024, the TCB Strategic Planning Workgroup put on an all-day strategic planning session.
- On October 16th, the workgroup hosted an in-person strategic planning lunch.
- On November 14th, the workgroup hosted a final virtual session.

*\*Surveys were utilized as a tool for voting on mission and purpose statements, and priorities*

**Collaboration and inclusion drove the process**, combined with the underlying notion that developing the strategic plan, accompanying mission statement, and legislative recommendations would be an opportunity for learning and sharing expertise and experiences while inspiring creative and innovative solutions.

## VI. Strategic Priorities

The strategic plan is meant to be a **roadmap to guide the TCB's work** over the next three years. As a **“living document”**, it will evolve and adapt as external changes occur (e.g., elections of new state leadership, changes in local, state, and federal funding and budgets) as well as internal ones (e.g., the addition of new TCB members and consultants with specific expertise). This allows the TCB the flexibility to respond to new challenges and positive opportunities as they arise within the overall framework of the work ahead.

The extensive work done during this strategic planning process has defined the following goals for the 2025 – 2028 work of the TCB. Within each goal, the priorities are the key areas of focus, the strategies are the action steps needed toward achieving the goal, and the objectives are the intentions of each workgroup.

### System Infrastructure

- Funding Goal:  
Enhance the children's behavioral health system by increasing and sustaining state funding through state and commercial payors
- Data Goal:  
Implement a comprehensive data collection, reporting and analysis system across the state.
- Workforce Goal:  
Strengthen, grow and stabilize the children's behavioral health workforce.
- Governance Goal:  
Increase efficiency and transparency in children's behavioral health.

### Services

- School-based Services Goal:  
Expand access to school-based services for all students in Connecticut.
- Prevention Goal:  
Increase access to preventive behavioral health services and ensure early identification for all children.
- Continuum of Care Goal:  
Ensure timely access to an integrated system of care that coordinates services across various settings (in-home, community based, residential and hospital).

### Overarching Framework

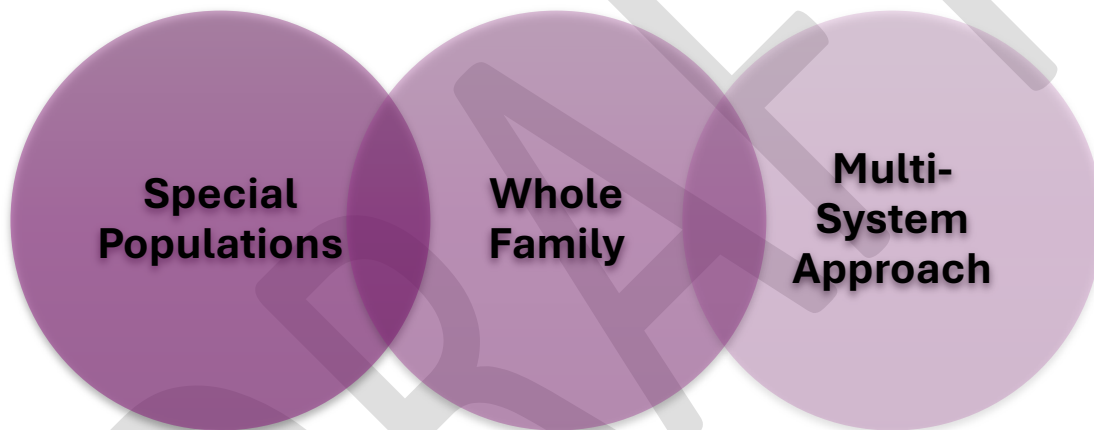
- Special Populations Goal:  
Establish a children's behavioral health system that addresses the diverse medical and cultural needs of all children.



- Whole Family Goal:  
Provide family-centered, comprehensive behavioral health services to children and families in their natural environments.
- Multi-System Approach Goal:  
Enhance resource sharing and collaboration among network providers to maximize efficiency and avoid duplication of efforts.

## **A. Overarching Framework**

In the process of developing this plan, the TCB members identified **three themes to be infused in all aspects of this strategic plan** and TCB's efforts. Within each workgroup, these are strategies that need to be included in the activities and considerations to ensure equitable and sustainable outcomes.



### **Special Populations Goal:**

Establish a children's behavioral health system that addresses the diverse developmental and cultural needs of all children.

### **Strategies**

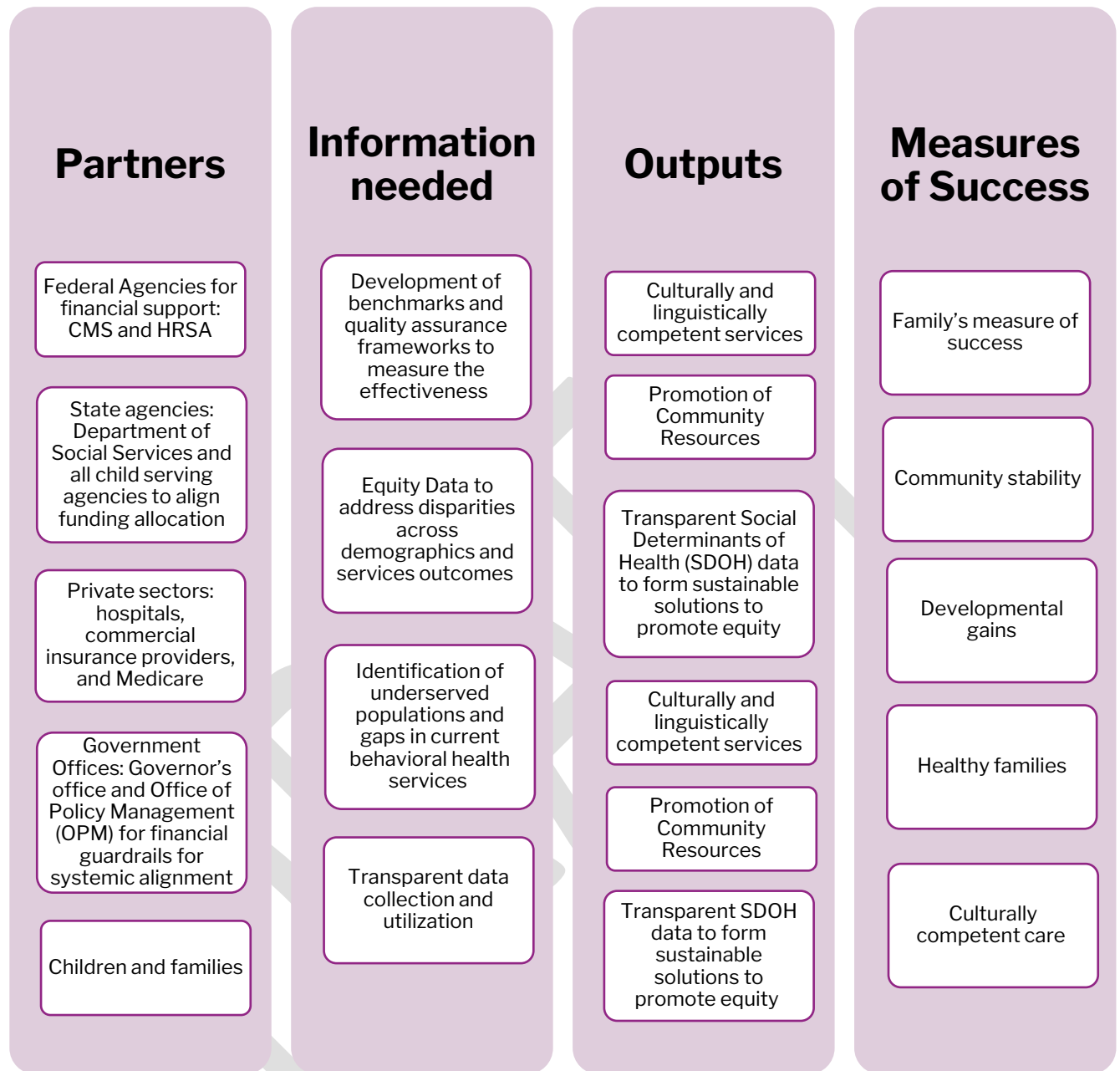
- Develop training teams in cultural competency and trauma-informed care.
- Identify children's behavioral health demographic data collection methods across the State.
- Evaluate children's behavioral health data across the continuum.
- Identify measures of success.
- Monitor impact on the population.

- Assess engagement of the population.
- Incorporate plans for corrective action if needed.
- Identify underserved populations.
- Identify gaps in services and barriers to care.
- Ensure data is public for transparent utilization and communication across the behavioral health system.
- Identify barriers to implementing training across the system.
- Promote culturally and linguistically competent services that reflect diverse backgrounds and populations served.
- Support the successful transition of children into adulthood by providing developmentally appropriate care.
- Review of publicly available studies in Connecticut.

### **Objectives**

- Support the successful transition of children into adulthood by providing developmentally appropriate care that fosters increasing independence.
- Promote cultural and linguistically competent services that reflect the diverse backgrounds of populations served, enhancing access, and eliminating disparities in care.
- Need for a comprehensive and inclusive children's behavioral health system that addresses the diverse medical and cultural needs of all children, particularly vulnerable populations like young children, victims of sexual abuse, and those with disabilities.
- Support the successful transition of youth into adulthood by providing developmentally appropriate care that fosters increasing independence.

## Special Populations Goal



## **Whole Family Goal:**

Provide family-centered, comprehensive behavioral health services to children and families in their natural environments.

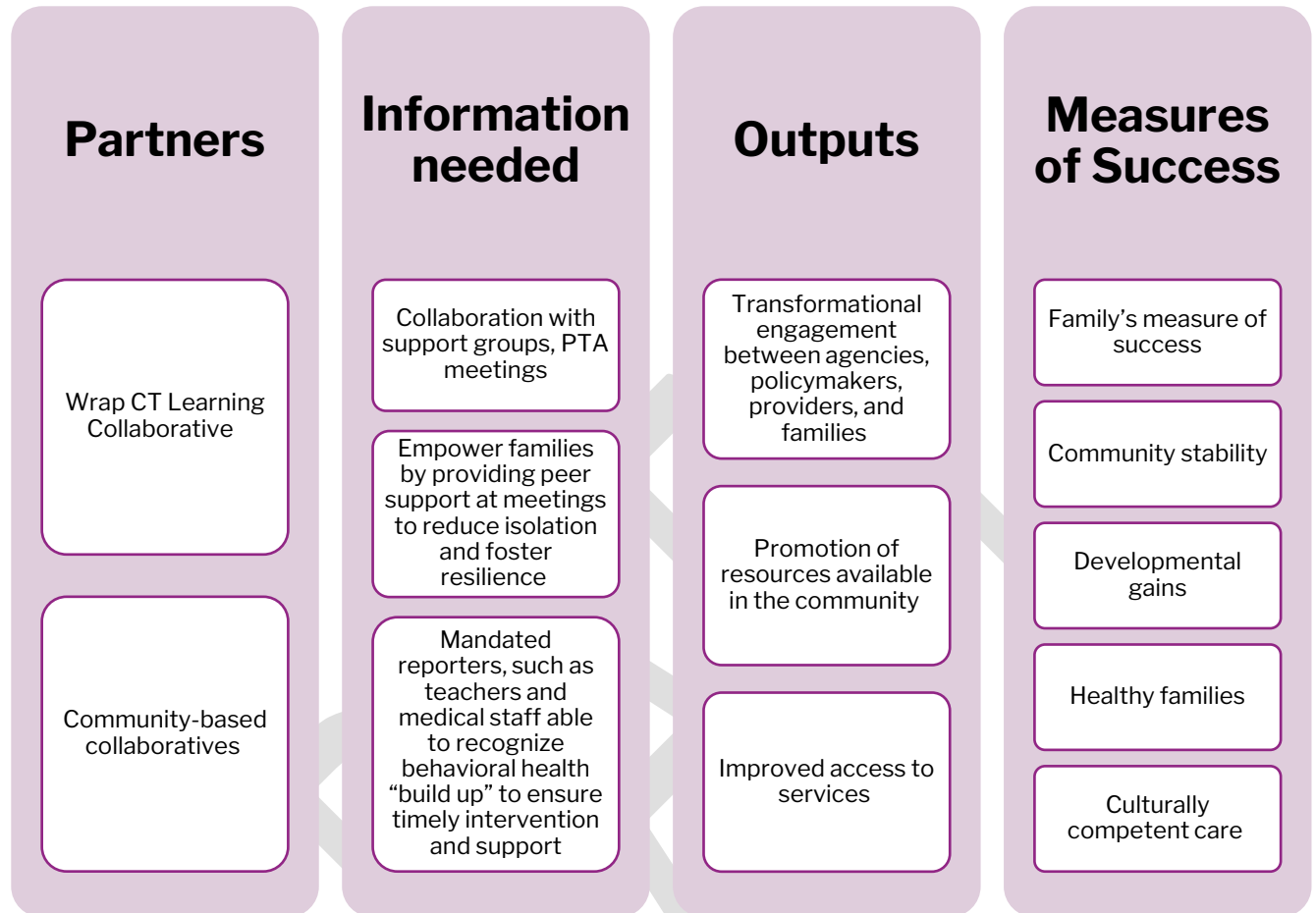
## **Strategies**

- Obtain input and feedback from those with lived experience (families, providers, CBOs).
  - Build connections with support groups, Parent Teacher Associations, Community Based Organizations (CBOs).
  - Share resources and build a sustainable power dynamic between the TCB and those providing their lived experience.
  - Develop a space for those with lived experience to be fully involved in our work.
- Empower families by providing peer support at meetings to reduce isolation and foster resilience.
  - Incentivize families to sustain transformational engagement.
  - Create a safe space for families by providing peer supports, and offer a diverse array of services, including both traditional and innovative approaches to address the holistic needs of children and families.
- Review publicly available studies in Connecticut.

## **Objectives**

- Decrease the average out-of-pocket costs for families seeking children's behavioral health services to improve access to care.
- Increase family awareness of available community-based services and supports.
- Ensure accessible and comprehensive support for children and families by providing a diverse and flexible array of services to address holistic needs through both traditional and innovative approaches.
- Provide individualized care that is tailored to the unique needs of each child, considering their developmental stage, cultural background, and individual circumstances.
- Empower families to actively participate in decision-making and treatment planning.

## Whole Family Goal



### Multi-System Approach Goal:

Enhance resource sharing and collaboration among network providers to maximize efficiency and avoid duplication of efforts.

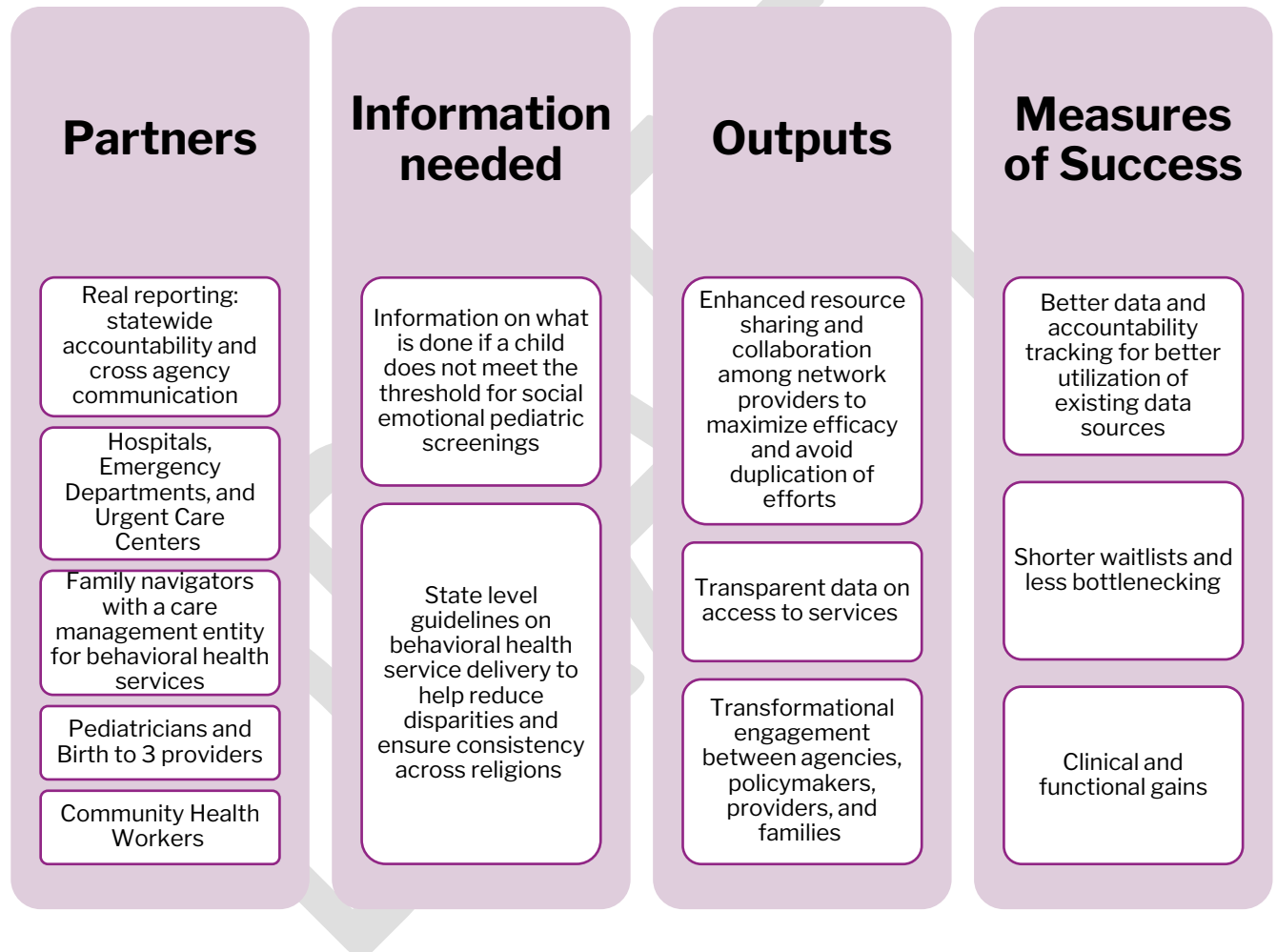
### Strategies

- Integrate pediatric and behavioral health care to provide comprehensive and holistic care.
- Review publicly available studies in Connecticut.
- Enhance resource sharing to maximize efficiency and avoid duplication of efforts.
- Improve network access and quality.

## Objectives

- Transparent data collection methodology to evaluate what happens to social emotional psychiatric screenings.
- Evaluation of outcomes of social emotional psychiatric screenings to determine what is often diagnosed and prescribed.

## Multi-System Approach Goal



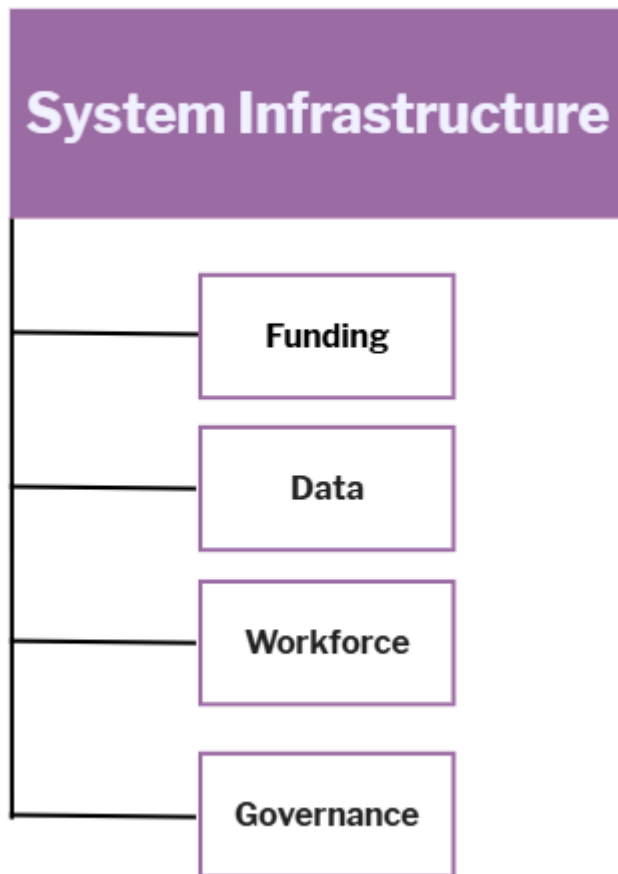
## B. System Infrastructure

### Purpose Statement

Build the capacity and coordination of the children’s behavioral health infrastructure to increase the effectiveness of and access to services that meet family needs.

Effectiveness refers to data, governance, oversight, and accountability. Access refers to

the availability of a diverse set of services and trained service providers, the coordination of services, systematic knowledge, channels of communication, and funding for sustainability. Areas of focus include funding, data, workforce and governance.



### **Funding Goal:**

Enhance the children’s behavioral health system by increasing and sustaining state funding through state and commercial payors

*\*Fiscal review, analysis and impact will be embedded within each workgroup and will be part of the evaluations of any recommendation prior to the delivery of any TCB recommendations.*

### **Strategies**

- Develop a fiscal map of the cost of delivery services.

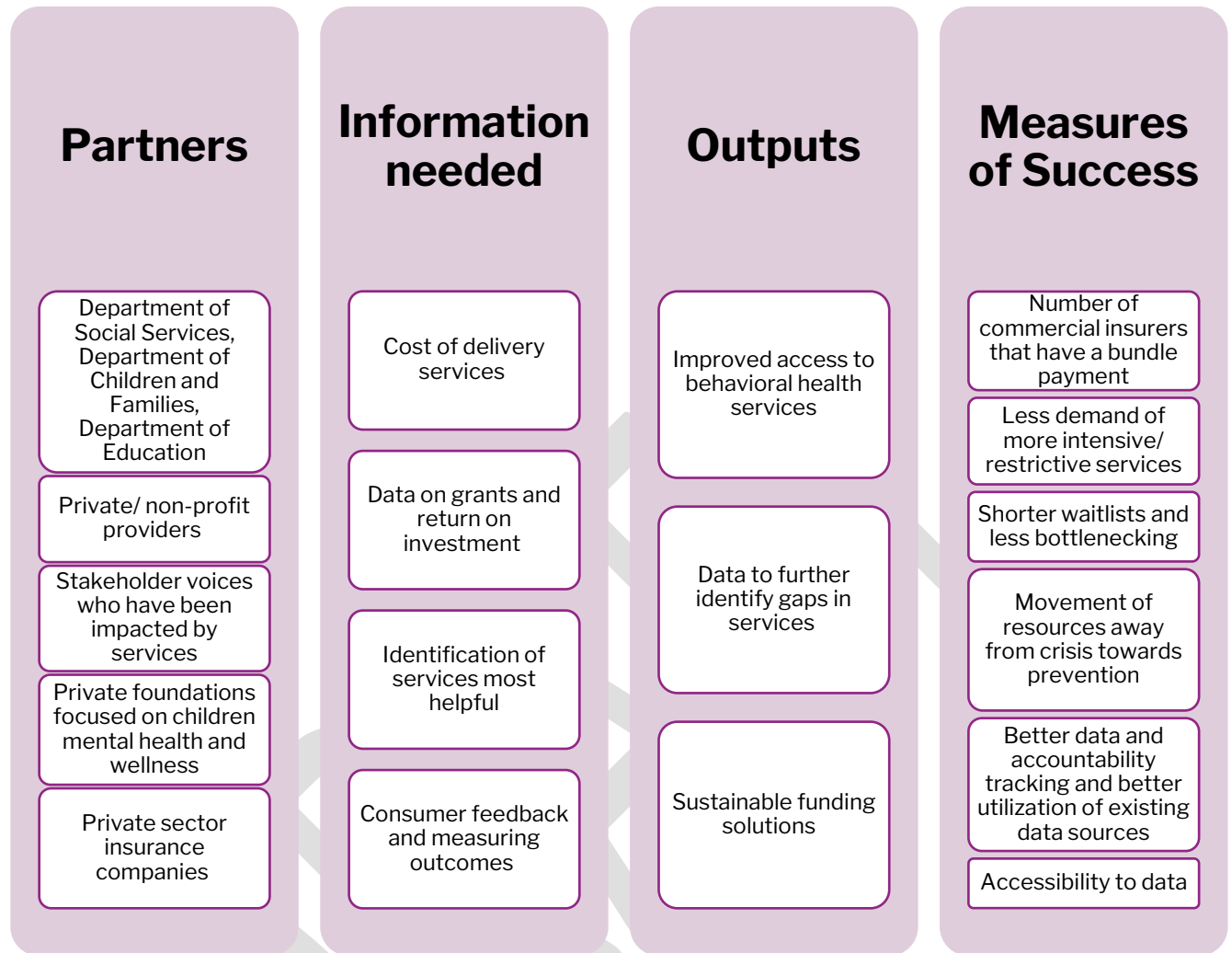
- Identify variations of costs of services.
- Identify gaps and barriers to services.
- Identify steps/policies to streamline service delivery.
- Gather data on grants relevant to children's behavioral health.
  - Identify return on investment of grants.
- Develop a fiscal map of services throughout the state and what insurance is accepted within each service.
  - Identify gaps and barriers to care.
  - Develop recommendations to ensure comprehensive insurance coverage.
  - Develop a fair rate setting process for providers.
  - Explore innovative funding models to guarantee long term system changes.
- Review publicly available studies in Connecticut and nationally.

## **Objectives**

- Advocate for increased and sustained state funding for children's behavioral health services.
- Develop a rate-setting process that ensures reimbursement rates adequately cover the actual costs of providing quality care.
- Ensure that all insurance plans cover a comprehensive range of behavioral health services for children, including individual therapy, family therapy, group therapy, medication management, and crisis services.
- Explore and implement innovative funding models (e.g., blended and braided funding, pay-for-success) to diversify funding streams and ensure the long-term financial stability of the children's behavioral health system.
- Streamline funding and service delivery processes across key state agencies involved in children's behavioral health care.



## Funding Goal



## **Data Goal:**

Implement a comprehensive data collection, reporting and analysis system across the state.

*\*Data review, analysis and impact will be embedded within each workgroup and will be part of the evaluations of any recommendation prior to the delivery of any TCB recommendations.*

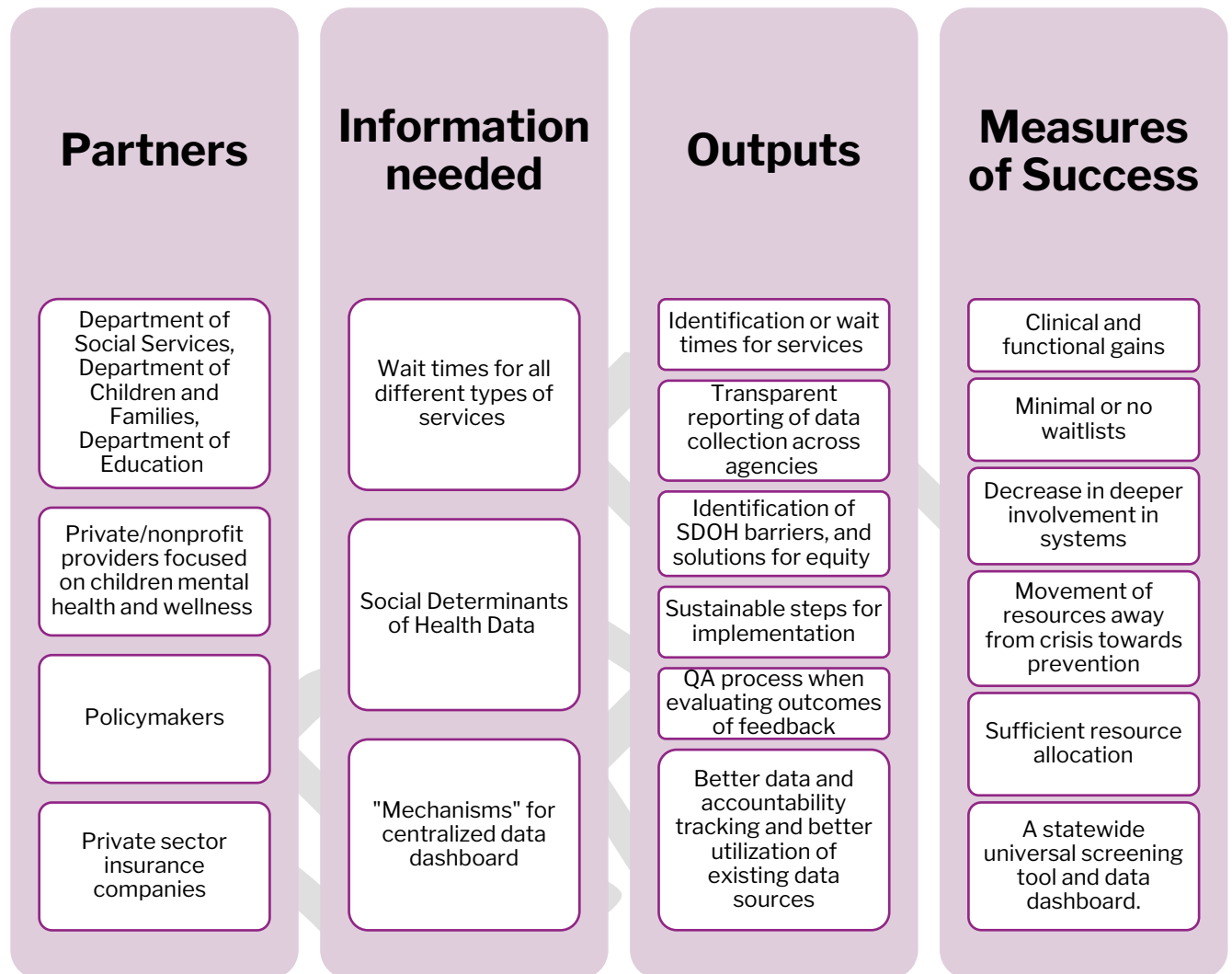
## **Strategies**

- Develop a centralized repository or dashboard to streamline data collection.
  - Develop clear metrics and standards to measure progress
  - Map out benchmarks from other States, identify how Connecticut compares
  - Increasing transparency and accountability in behavioral health services by developing a public data dashboard that provides accessibility, information and creates reporting expectations across state agencies and funding systems.
- Gather data regarding wait times for all services in the behavioral health system.
  - Identify barriers to care, gaps in services.
  - Develop action steps/policy changes to ensure timely access to care.
  - Utilizing data to make system level decisions across agencies.
- Review publicly available studies in Connecticut.

## **Objectives**

- Utilize data to make system level decisions across agencies and identify data collection and services duplication.
- Increase transparency and accountability in behavioral health services by developing a public data dashboard that provides accessible information and creates reporting expectations across state agencies and funding systems.
- Promote better behavioral health outcomes for children and families by measuring progress, aligning efforts with clear goals, and optimizing resource allocation.
- Streamline data reporting expectations across state agencies and funding systems to minimize administrative burden on providers while ensuring high-quality data collection.
- Develop and implement tools to support data-driven decision- making in behavioral health.
- Ensure data collection aligns with clear goals and reducing unnecessary metrics will help optimize resources while driving improved behavioral health outcomes for children and families across the state.
- Track service utilization across the system to identify areas of overlap and streamline care pathways.
- Measure and improve client outcomes.

## Data Goal



## **Workforce Goal:**

Strengthen and stabilize the children's behavioral health workforce.

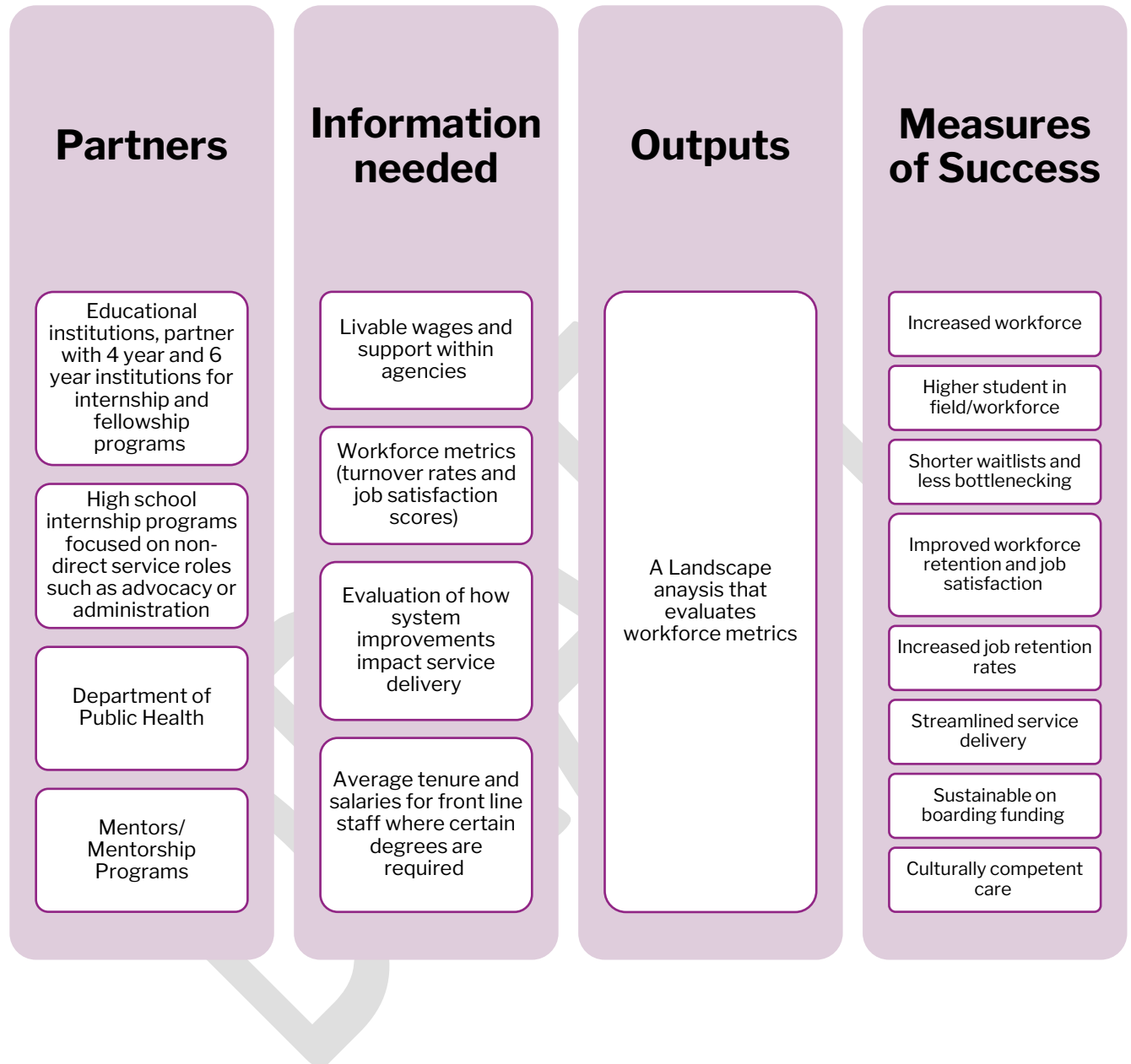
### **Strategies**

- Provide incentives to attract and retain workforce professionals.
- Continue to explore and implement interstate health license compacts to make it easier for practitioners to practice across state lines and deliver telehealth services
- Increase the number of workforce professionals.
- Promote diversity and inclusivity in the workforce to reflect the communities served.
- Eliminate obstacles hindering workforce entry, retention, and service delivery.
- Ensure systems in place are sustainable, collect feedback from health systems and organizations.
- Adjust wages to match inflation and environment changes.
- Review of publicly available studies in Connecticut.

### **Objectives**

- Make significant investments in retention and recruitment.
- Provide incentives to attract and retain professionals in the field, such as loan repayment programs and competitive salaries.
- Promote a diverse and inclusive workforce that reflects the communities served.
- Eliminate obstacles that hinder workforce entry, retention, and effective service delivery.
- Invest in training and education programs to increase the number of qualified behavioral health professionals, particularly in underserved areas.
- Develop requirements and structure for behavioral healthcare programs including:
  - Evaluating requirements of internship programs.
  - Identifying barriers.
  - Developing a set of sustainable requirements that work for the healthcare centers, students, and universities.
- Build partnerships with universities and colleges to create pipelines for internships and fellowships in school-based care.

## Workforce Goal



## **Governance Goal:**

Increase efficiency and transparency in children's behavioral health.

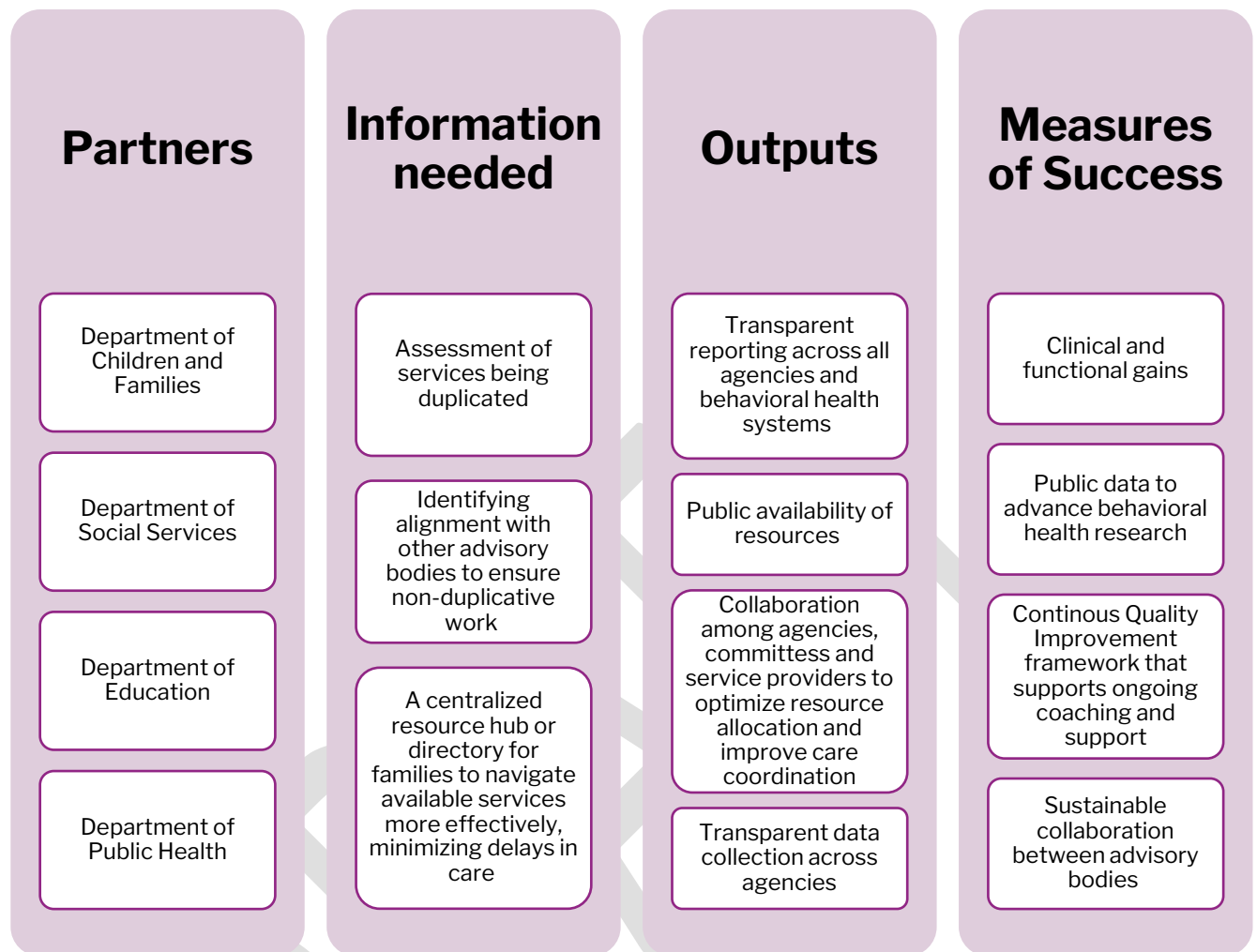
## **Strategies**

- Evaluate systems of care efforts in the State and nationally through presentations, workgroup expertise, and resources provided by the membership.
- Create a roadmap of the data to evaluate how data is being collected
  - Identify gaps in care
- Develop and maintain a glossary of terms regarding systems of care/community of care, and other applicable terms to ensure the membership is aligned on definitions and level-set scope of work for the workgroup
- Review of publicly available studies in Connecticut.
- Create a crosswalk of models and services throughout the state, to identify gaps in services and barriers to care
  - Utilize other state examples of systems of care models (Ohio, Oregon) and compare models to Connecticut crosswalk
  - Review how systems of care models in Connecticut can be advanced and altered to model the work of other states
- Conduct a thorough review of children's behavioral health data (access, quality & outcomes)

## **Objectives**

- Ensure seamless communication and coordination on children's behavioral health issues across all relevant committees.
- Maximize the use of existing resources by improving coordination and collaboration among different agencies and service providers.
- Increase transparency and accountability.

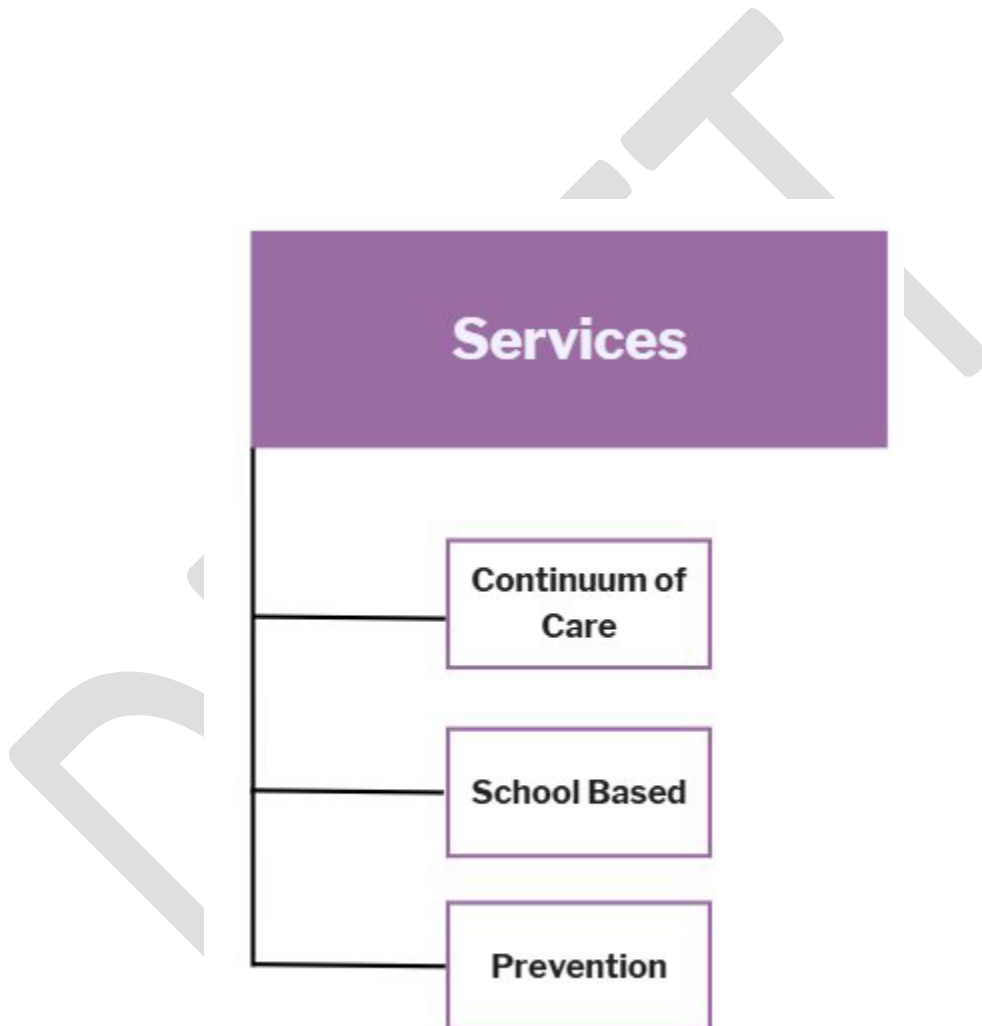
## Governance Goal



## C. Services

### Purpose Statement

Ensure statewide and local capacity and awareness to provide a comprehensive range of affordable, integrated, coordinated, and family-centered services to children from birth to age 22, individualized and within the context of their families, caregivers, and communities. They have identified the following priorities:





## **Continuum of Care Goal:**

Ensure timely access to an integrated system of care that coordinates services across various settings (in-home, community based, residential and hospital).

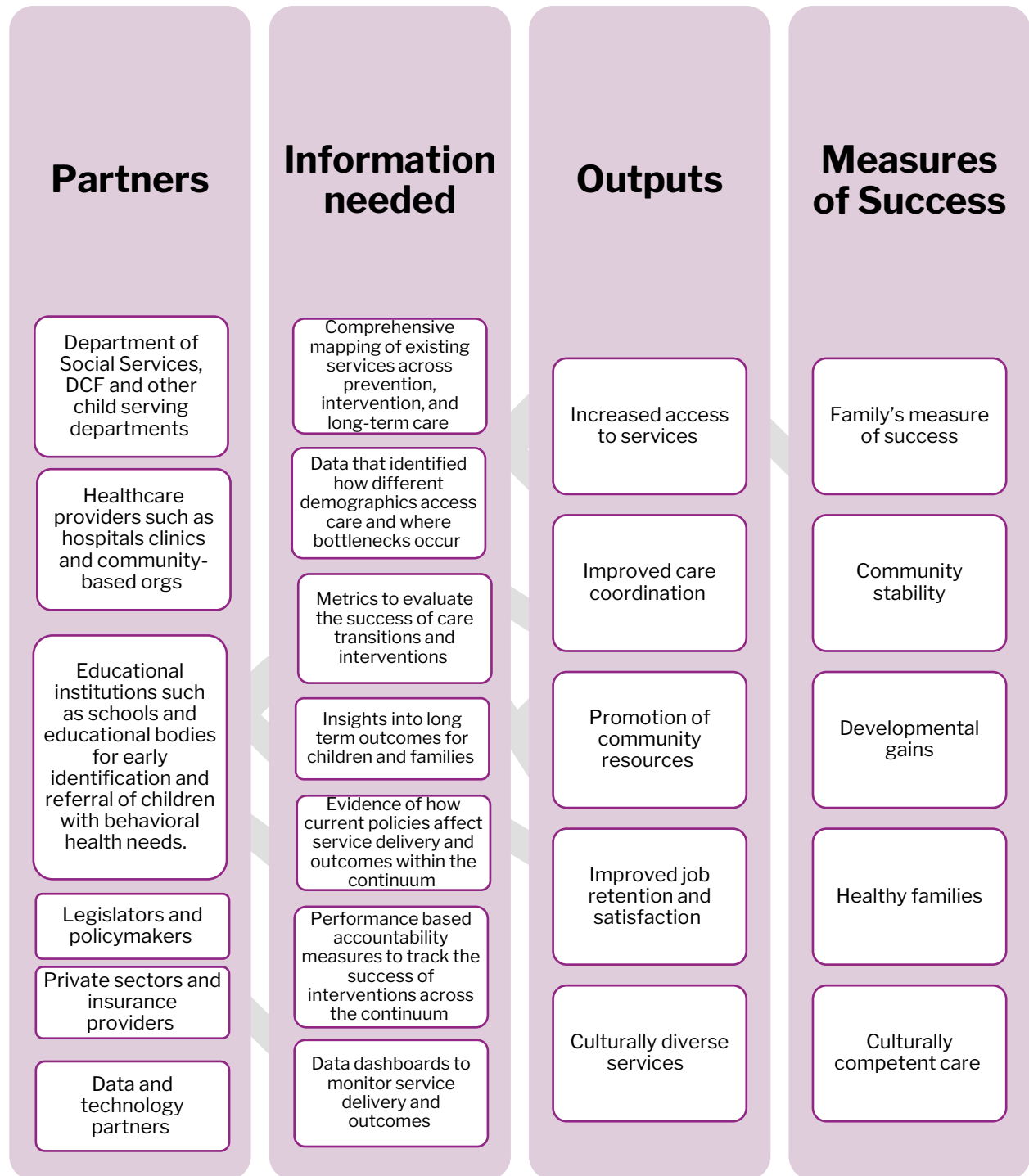
### **Strategies**

- Decrease average wait times across all service care settings.
- Expand access to treatment for substance abuse for all ages.
- Diversify and expand access to the full continuum of care, including higher levels of care, sustainable outpatient clinics, and intermediate options (intensive outpatient programs).
- Improve Care Coordination for multi-system involved children and families.
- Enhance investments for non-traditional support systems (peer support, respite care, care coordination, and mobile responses).
- Explore and invest in telehealth and other technology-based solutions to increase access to care, especially in rural or remote areas.
- Review of publicly available studies in Connecticut.

### **Objectives**

- Ensure access to a comprehensive range of behavioral health services, including expanded higher levels of care, sustainable outpatient clinics, and diverse intermediate options to meet the unique needs of all children.
- Prioritize timely access to care and develop integrated models that coordinate services across various settings (in-home, community-based, residential, and hospital) for continuity and adaptability. Expand access to treatment for substance abuse for all ages.
- Improve care coordination for youth and families involved in multiple systems.

## Continuum of Care Goal



## **School-based Services**

“School-based behavioral health services” refer to a full array of multi-tiered behavioral health services and supports including promotion, prevention, early intervention, and treatment for students in general and special education and accomplished through school-community-family partnerships.

They have identified the following priorities:

- Conducting a School-Based Health Center Study
- School-Based Behavioral Health Services Recommendation

### **School-Based Services Goal:**

Expand access to school-based services for all students in Connecticut.

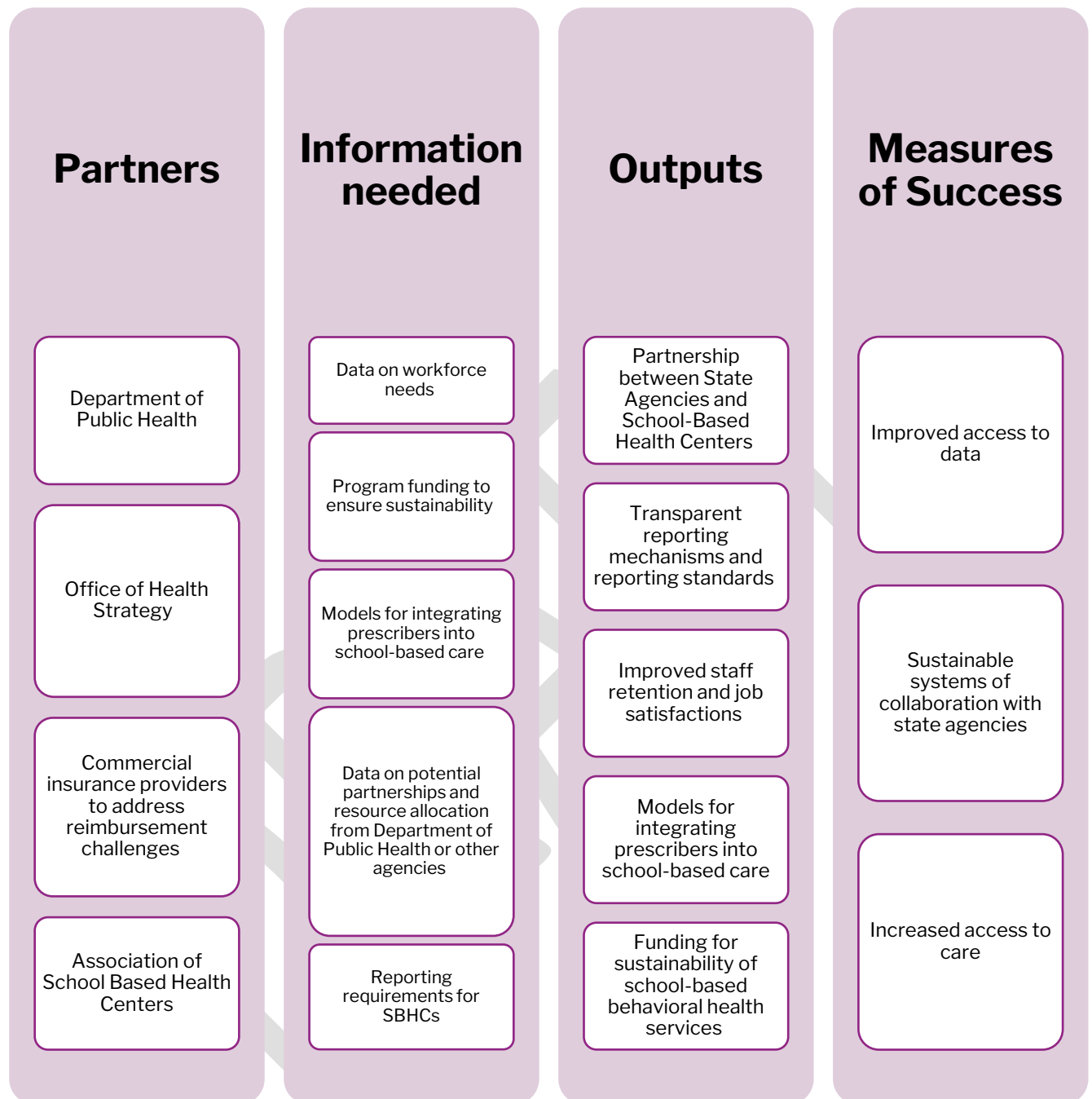
### **Strategies**

- Establish a statewide, school-based coordination center into an existing entity to reduce duplication and silos.
- Expand access to school-based behavioral health services.
- Increase service coverage and expand Medicaid eligibility to ensure that all students can receive the support they need.
- Increase the number of behavioral health professionals in schools, including counselors, psychologists, social workers and trauma informed professionals.
- Ensure sustainable funding for school-based behavioral health services.
- Evaluate provider service integration into school-based care.
- Create a standardized set of reporting requirements for School-Based Health Centers’ for Department of Public Health to evaluate needs and gaps in services.
- Review of publicly available studies in Connecticut.

### **Objectives**

- Ensure all students receive support through Medicaid and private insurance eligibility and service coverage.
- Streamlining billing processes to explore alternative payment models to ensure sustainable and equitable access to care.
- Develop a standardized reporting system for SBHC’s in partnership with DPH.

## School-Based Services Goal



## **Prevention Goal:**

Increase access to preventive behavioral health services and ensure early identification for all children.

## **Strategies**

- Implement routine, standardized screening using age appropriate and validated tools.
- Invest in early intervention and prevention programs to reduce the onset of behavioral health challenges and promote overall wellbeing.
- Promote public education initiatives to cultivate a community wide commitment to suicide prevention and mental wellness.
- Develop a standardized screening procedure to identify referral source.
- Perform a crosswalk of prevention services and resources throughout Connecticut.
- Propose policy and enforce the need to invest in early intervention and prevention programs to reduce the onset of behavioral health challenges and promote overall well-being.
- Identify children's behavioral health needs for those showing concern but not meeting certain criteria.
- Review of publicly available studies in Connecticut.

## **Objectives**

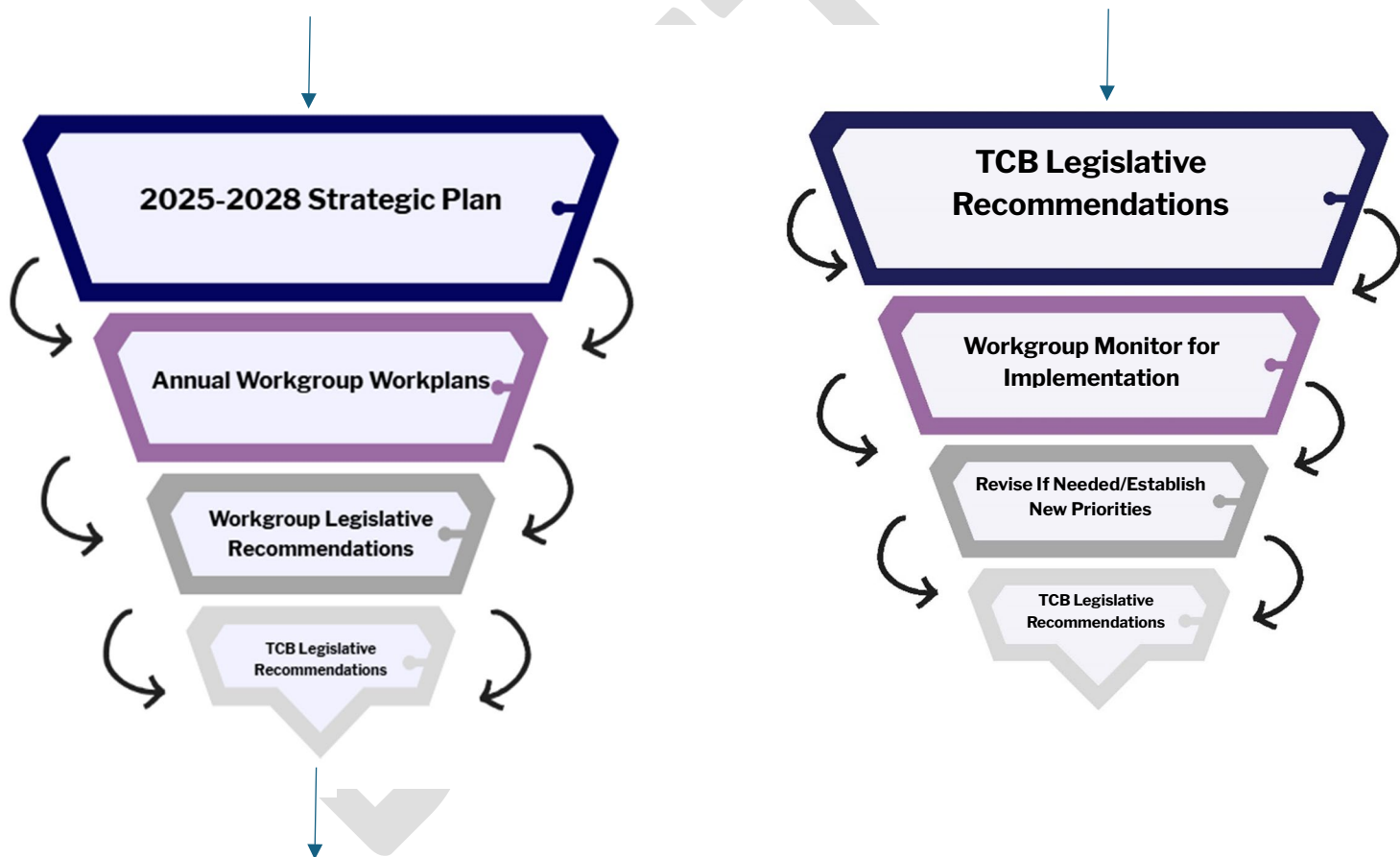
- Identify utilization of services and resources.
- Review and assess marketing and outreach strategies utilized.
- Identify barriers/ gaps in outreach efforts.
- Promotion of resources and education initiatives to cultivate a commitment to suicide prevention and mental illness.



## VII. Quality Assurance Framework

The intent of the strategic plan is to ensure the priorities, goals, and strategies identified by the TCB members remain the core of our work. While this is a ‘living’ document, it is imperative to ensure that items identified in this plan are re-evaluated through a quality assurance process each year. Each year, the workgroups will review the strategic plan and recommendation from the previous year to identify how the content can be utilized in new workplans.

The figure below portrays the re-occurring quality assurance that will take place annually. All of the TCB’s work should be based on priorities, goals, and purposes highlighted in the 2025-2028 Strategic Plan.



In addition, the following quality assurance framework will be utilized to ensure successful outcomes.

<b>Measuring TCB Policy Impact</b>	
<b>Monitor and Refine</b>	The TCB Strategic Plan is a living document that should be consistently reviewed and refined. Due to changes in environment, State, and Federal Policy changes, priorities, goals, and action steps may shift. The plan should be reviewed by leadership and membership of the committee annually to ensure the identified priorities align with those in the 2025-2028 Strategic Plan. Additionally, the committee should refer to the plan annually to ensure priorities identified in workgroup workplans reflect those identified in the 2025-2028 workplan.
<b>Identify Issues with Process</b>	The committee should consistently identify what is and what is not working for committee members, workgroup members, and stakeholders. It is imperative the TCB follow a process that works for all to ensure there are no barriers for implementing change.
<b>Generate Corrective Actions</b>	Identify areas or policies that are not working for the membership and implement corrective actions/changes in workflow.
<b>Monitoring Impact-Defining How the Committee Defines Success</b>	<p>The committee should redefine how success is measured when appropriate.</p> <ul style="list-style-type: none"> <li>• Workforce retention</li> <li>• Access to Behavioral Health Services</li> <li>• Equitable and Culturally Competent Care</li> <li>• Barriers of care</li> <li>• School Attendance/ Engagement</li> <li>• Wait times for services</li> <li>• Outreach and Marketing Efforts</li> <li>• Utilization of Services</li> </ul>
<b>Monitoring Impact-Assessment of TCB Engagement</b>	<p>The TCB should assess the engagement of all stakeholders to ensure there is an equitable opportunity for inclusion.</p> <ul style="list-style-type: none"> <li>• How many stakeholders were engaged</li> <li>• How many meetings were held</li> <li>• How many data presentations were held</li> <li>• How many children and family were engaged</li> <li>• How was community feedback incorporated</li> </ul>



## VIII. Conclusion

The 2025-2028 Strategic Plan is a comprehensive document that delineates the priorities and objectives of the committee and embodies the dedication of the TCB membership, workgroups, and presenters who have contributed their expertise and experience in the children's behavioral health system since the committee's inception. This plan serves as the cornerstone of TCB's efforts and will be continuously updated over the next three years to address the evolving needs of both children and the workforce, functioning as a dynamic and adaptable 'living document.'

Commencing in April 2025, all TCB Workgroups will convene to develop and refine workplans for the current year. Each workplan will incorporate long-term goals to ensure the strategic plan's priorities are identified and implemented in subsequent years' workplans.

In essence, the 2025-2028 Strategic Plan demonstrates TCB's role as a vehicle and will provide a robust foundation for TCB to foster inclusive and sustainable policy recommendations and drive systematic change over the next three years.

DRAFT

## **A. 2025 Annual Workgroup Workplans**

### **DRAFT 2025 ANNUAL SYSTEM INFRASTRUCTURE WORKGROUP WORKPLAN:**

*Workgroup Co Chairs: Alice Forrester, PhD, Chief Executive Officer, Clifford Beers Community Health Partners & Jason Lang, PhD, Chief Program Officer, CHDI*

**Suggested Purpose Statement:** Build the capacity and coordination of the children’s behavioral health infrastructure to increase the effectiveness of and access to services that meet family needs. Effectiveness refers to data, governance, oversight and accountability. Access refers to the availability of a diverse set of services and trained service providers, the coordination of services, systematic knowledge, channels of communication, and funding for sustainability.

**Priorities:** Priorities identified are systems of care models and public children’s behavioral health data (access, quality & outcomes). The workgroup will monitor the TCB’s legislation regarding Medicaid Rates, CCBHC grant planning & Feasibility and Fiscal Analysis of billing codes for training clinical staff on evidence-based models.

#### **Short Term Workgroup Goals:**

- Identify meeting schedule, frequency of meetings, and meeting presentations with the workgroup
- Identify and finalize workgroup priorities with feedback from the workgroup
- Review of 2025 TCB legislation with the workgroup, refine how this workgroup will monitor and track the passed legislation
  - For TCB recommendations that do not pass in legislation, the workgroup will identify how they would like to proceed on those specific recommendations.

#### **Medium Term Workgroup Goals (2025):**

- Consistent monitoring of TCB 2025 passed legislation, updates on status of the implementation progress will be given at each workgroup meeting.
  - Medicaid rate legislation (multiple factors)
    - ♣ Children’s behavioral health reimbursement based on access needs
    - ♣ DSS Study that focuses specifically on children’s behavioral health
  - Certified Community Behavioral Health Clinics (CCBHC) planning grant that would include reimbursement for acuity-based care coordination services, value-based payment model that provides incentives for providers based on care outcomes and help navigate behavioral health resources and requirements.
  - Feasibility determination and fiscal analysis to estimate adding a billing code to help off-set initial costs for on-boarding and training clinical staff in evidence-based models, before they can bill for services. This would include potential Medicaid reimbursement for training and ramp-up, and feasibility assessment and fiscal analysis estimate should be submitted no later than October 1<sup>st</sup>, 2025.
    - ♣ The workgroup will collaborate with the Children’s Behavioral Health Plan Implementation Advisory Board (CBHPIAB) to review and find alignment on their work on Children’s Feasibility and Fiscal Analysis
- Conduct a thorough review of children’s behavioral health data (access, quality & outcomes)

- o Create a roadmap of the data to evaluate how data is being collected, where are gaps
- Evaluate systems of care efforts in the State and nationally through presentations, workgroup expertise, and resources provided by the membership.
  - o Create a crosswalk of models and services throughout the state, to identify gaps in services and barriers to care
  - o Utilize other state examples of systems of care models (Ohio, Oregon) and compare models to Connecticut crosswalk
    - ♣ Review how systems of care models in Connecticut can be advanced and altered to model the work of other states
- Review of UConn Innovation’s Governance and Data report
  - o Identify how the results can be utilized to build recommendations, and priorities.
- Develop a set of 2026 draft recommendations with the workgroup and present recommendations to the TCB committee in fall of 2025
  - o TCB leadership will review drafts and provide feedback
  - o Draft Workgroup recommendations will be presented at the October TCB Meeting

*The development of 2026 recommendations is dependent on priorities, and progress within the group. If the group does come up with a set of recommendations, the decision to proceed with 2026 legislative recommendations package depends on committee and leadership feedback*

**Long-Term Workgroup Goals (2025-2028):**

*\*Other priority areas and strategies identified in the strategic plan will be added to the workplan annually*

- Utilize information from the workgroup to plan for 2026, 2027, and in subsequent years.

***Meeting Schedule: System Infrastructure Workgroup meetings are set to Start April 15<sup>th</sup>, 2025, and recur on the third Tuesday of the month from 3-4:30 PM. All meetings will be virtual. Meeting agendas and the zoom link will be sent out prior to the meeting each month.***

*Workgroup Co-Chairs: Edith Boyle, LCSW, President and Chief Executive Officer, LifeBridge Community Services & Yann Poncin, MD, Associate Professor and Vice Chair of Clinical Affairs in the Child Study Center*

**Suggested Services Purpose Statement:** Ensure statewide and local capacity and awareness to provide a comprehensive range of affordable, integrated, coordinated, and family-centered services to children from birth to age 22, individualized and within the context of their families, caregivers, and communities.

*\*In first workgroup meeting the membership will discuss adding "...to expectant parents and children from birth to age 22..."*

**Priorities:** The identified priorities include peer-to-peer support and 211 services. The workgroup will monitor the TCB recommendations related to the crisis continuum, UCC's and IICAPs. Additionally, the group will prioritize and track legislation regarding access to care for children and young adults covered by private/commercial insurance.

**Short-Term Workgroup Goals:**

- Identify meeting schedule, frequency of meetings, and meeting presentations with the workgroup
- Identify and finalize workgroup priorities with feedback from the workgroup
- Review of 2025 TCB legislation with the workgroup, refine how this workgroup will monitor and track the passed legislation
  - For TCB recommendations that do not pass in legislation, the workgroup will identify how they would like to proceed on those specific recommendations.

**Medium-Term Workgroup Goals (2025):**

- Consistent monitoring of TCB 2025 passed legislation and updates on the status of the implementation progress will be given at each services workgroup meeting.
- Collaborate with identified responsible state agencies and private organizations on progress of implementation, barriers, and needed adjustments.
- Services Array Survey (Implementation, distribution, collection, and analysis)
  - Identify a distribution date and distribution list
  - Ensure a periodic review of the response rate, if there is a low response rate, the workgroup will identify other strategies for dissemination to increase the response rate
- Review services array survey results
  - Review the draft report accompanying the results
  - Review draft report with TCB leadership
- CT Peer-to-peer support and services
  - Assess peer-to-peer support and services in the state through presentations, workgroup expertise, literature reviews, and completed studies.
- Monitor the rates of utilization of the United Way of Connecticut 2-1-1 Infoline program, 9-8-8 National Suicide Prevention Lifeline, mobile crisis intervention services, urgent crisis centers, subacute crisis stabilization centers, and hospital emergency departments for such services, outreach and marketing strategies common sources of patient referrals to such service providers, the allocation of state and other financial resources to such service providers, and the anticipated demand for behavioral health services for children into the future.
  - Identify who we will be partnered with to complete the study.

- TYJI to release RFQ for research partner on the study
- Once awarded, work with the researcher on the implementation of the study
- Monitor progress of study, review findings and data analysis
- From the data, assess best practices for Crisis Continuum staffing, evaluate models used and identify best practices from across the State,
- From the data, assess scan of hours of services used that operate 24/7
- Monitor the IICAPS study (multiple factors)
  - The study will review and design levels of the IICAPS model for consideration. Such a model should consider the needs and time demands placed on families and children and the ability to deliver positive outcomes sustainably.
  - What additional federal funding and reimbursement may be available to IICAPS MDO and the IICAPS network as an evidence-based/promising practice treatment program, if determined prudent to do so.
  - Randomized controlled trial (RCT) of IICAPS to qualify IICAPS federally as an evidence-based treatment program. Recommendation to TCB by Oct. 2025
- Monitor the UCC Report:
  - The report will include a review of private health insurance coverage for treatment of children at urgent crisis centers and be reported to the TCB no later than October 1<sup>st</sup>, 2025.
  - Identify barriers and gaps in services
- Operationalize how the workgroup integrate work with the Prevention and School-Based Workgroups (e.g., UConn Services Array Results, 2025 and 2026 recommendations)
- Assess and monitor additional non-TCB 2025 legislation regarding access to services for children and young adults covered by private/commercial insurance
  - Identify barriers to care and gaps in services
- Develop a set of 2026 draft recommendations with the workgroup and present recommendations to the TCB committee in fall of 2025\*
  - TCB leadership will review drafts and provide feedback
  - Draft Workgroup recommendations will be presented at the October TCB Meeting

*\* The development of 2026 recommendations is dependent on priorities, and progress within the group. If the group does come up with a set of recommendations, the decision to proceed with 2026 legislative recommendations package depends on committee and leadership feedback*

### **Long-Term Workgroup Goals (2025-2028):**

\*Other priority areas and strategies identified in the strategic plan will be added to the workplan annually

- Utilize information from the workgroup to plan for 2026, 2027, and in subsequent years.

***Meeting Schedule: Services Workgroups are set to Start April 9<sup>th</sup>, 2025, and recur on the second Wednesday of the month from 2-3:30 PM. All meetings will be virtual. Meeting agendas and the Zoom link will be sent out before the meeting each month.***

## **DRAFT PREVENTION ANNUAL WORKGROUP WORKPLAN:**

*Workgroup Co Chairs: Ingrid Gillespie, Director of Prevention, Liberation Programs Inc & Pamela Mautte, Director, Alliance for Prevention & Wellness Program of BH Healthcare*

**Draft Purpose Statement:** The Prevention Workgroup of the Transforming Children’s Behavioral Health Policy and Planning Committee (TCB) is committed to strengthening children’s behavioral health prevention services and programming. We collaborate to identify challenges, examine solutions, and provide advisory recommendations to enhance prevention efforts statewide.

### **Priorities:**

- Preventing substance use and overdose by promoting evidence-based strategies and addressing emerging trends.
- Evaluating how to expand access to suicide prevention and behavioral health services to facilitate early intervention and reduce crises.
- Promoting resilience and emotional well-being through education, community engagement, and policy advocacy.
- Integrating behavioral and physical health care to create a more cohesive, accessible, and effective support system.
- Embedding brief screenings in healthcare, including trauma screenings, schools, and community programs to improve early identification, build social-emotional learning (SEL) skills, reinforce positive choices, and connect individuals to appropriate supports.

### **Short Term Workgroup Goals:**

- Identify meeting schedule, frequency of meetings, and meeting presentations with the workgroup
- Identify and finalize workgroup priorities with feedback from the workgroup
- Set terms of engagement and community engagement for the workgroup to set the tone and operationalize how we engage
- Establish a Workgroup Foundation
  - Set terms of engagement and community engagement for the workgroup to set the tone and operationalize how we engage
  - Create space for workgroup members to share their personal priorities, biases, or special interests that bring them to the workgroup, connect, feel a sense of belonging and discuss how that intersects with the priorities of the workgroup
  - Compile, discuss and share initial definitions important for active participation (defining primary, secondary, tertiary prevention
  - Level-set with the workgroup with an overview of progression or lack of prevention efforts across the State
- Review of 2025 TCB legislation with the workgroup, refine how this workgroup will monitor and track the passed legislation
  - For TCB recommendations that do not pass in legislation, the workgroup will identify how they would like to proceed on those specific recommendations.

### **Medium Term Workgroup Goals (2025):**

- Identify and map preventative services in CT and evaluate the sustainability of the programs, program needs, and asses' barriers to services

- o Utilize expertise of the workgroup, resources, and presentations to build out mapping of services.
- o Identify barriers and needs of individuals who utilize those services
- o Identify community engagement efforts across the state, identify outreach and engagement strategies
- o Create a report card for CT-where are we with prevention efforts, what are we missing?
- o Review of funding for prevention programs, how are prevention efforts being funded across the State?
- Assess data collection methods for prevention services data in the State
  - o Map out various data collection methods in a crosswalk
  - o Identify best practices, best data collection methodologies for reporting, and identify barriers and gaps in data reporting
  - o Create a report card for CT- what data are we lacking, what needs to be improved?
- Narrow in on the substance use data results from the services array survey and build opportunities for collaboration with DCF and OSAC and other key partners to develop policy and service recommendations.
- Operationalize how does the workgroup integrate work with the Prevention and School-Based Workgroups (e.g., UConn Services Array Results, 2025 and 2026 recommendations)
- Develop a set of 2026 draft recommendations with the workgroup and present recommendations to the TCB committee in fall of 2025
  - o TCB leadership will review drafts and provide feedback
  - o Draft Workgroup recommendations will be presented at the October TCB Meeting

*\*The development of 2026 recommendations is dependent on priorities, and progress within the group. If the group does come up with a set of recommendations, the decision to proceed with 2026 legislative recommendations package depends on committee and leadership feedback*

#### **Long-Term Workgroup Goals (2025-2028):**

\*Other priority areas and strategies identified in the strategic plan will be added to the workplan annually

- Utilize the results of the services array to build sustainable recommendations and priorities in 2025, 2026, and in subsequent years.
- Utilize information from the workgroup to plan for 2026, 2027, and in subsequent years.

***Meeting Schedule: Prevention Workgroups are set to Start April 17<sup>th</sup>, 2025, and recur on the third Thursday of the month from 3:00-4:30 PM. All meetings will be virtual. Meeting agendas and the zoom link will be sent out prior to the meeting each month.***

## **DRAFT 2025 ANNUAL SCHOOL BASED WORKGROUP WORKPLAN:**

*Workgroup Co Chairs: Dr. Elizabeth Connors, Associate Professor of Psychiatry, Division of Prevention and Community Research, Yale School of Medicine & Katerina Vlahos, Executive Director, Bridgeport Prospers*

**“School-based behavioral health services”** refer to a full array of multi-tiered behavioral health services and supports including promotion, prevention, early intervention, and treatment for students in general and special education and accomplished through school-community-family partnerships.

### **Draft Purpose Statement:**

Promote mental health, well-being, and academic success for children birth to age 22 by increasing the reach and quality of school-based behavioral health services. Reach refers to equitable availability of timely and appropriate school-based behavioral health services in all CT jurisdictions, through a multidisciplinary array of coordinated community-partnered and school-employed service providers. Quality refers to effective, student- and family-centered, interventions and approaches which are culturally responsive, equitable, inclusive, and evidence-based.

### **Priorities:**

1. School Based Health Center Study
2. School Based Behavioral Health Services Recommendation
3. TBD with input from community

### **Short Term Workgroup Goals:**

- Establish a Workgroup Foundation
  - o Set terms of engagement and community engagement for the workgroup to set the tone and operationalize how we engage
  - o Create space for workgroup members to share their personal priorities, biases, or special interests that bring them to the workgroup, connect, feel a sense of belonging and discuss how that intersects with the priorities of the workgroup
- Identify Meeting Schedule, frequency of meetings, and meeting presentations with the workgroup
- Identify and finalize workgroup priorities with feedback from the workgroup
- Review of 2025 TCB legislation with the workgroup, refine how this workgroup will monitor and track the passed legislation
  - o For TCB recommendations that do not pass in legislation, the workgroup will identify how they would like to proceed on those specific recommendations.
- Provide education and clear, inclusive language:



- o Discuss and map the array of school based behavioral health professionals and create an infographic or other resources to communicate who school-based mental health professionals are in terms of discipline, training, role and employer type.
- o Compile, discuss and share initial definitions important for active participation, clear communication within the workgroup and future glossary

**Medium Term Workgroup Goals (2025):**

- Provide education and clear, inclusive language:
  - o Identify and map school-based behavioral health models in CT districts, including those who have SBHCs, community behavioral health partnerships, and the variety of school employed mental health professional staffing ratios
  - o Develop and maintain a glossary of terms related to school based behavioral health to promote diverse engagement in the efforts of the workgroup among stakeholders with an array of personal and professional backgrounds and expertise
- Operationalize how we will integrate work with the Services and Prevention Workgroups
  - o UConn Services Array Results
  - o 2025 and 2026 recommendations
- SBHC study design and monitor the implementation of the study
  - o Develop scope of work in partnership with DPH, OPM and CASBHC
  - o TYJI to release RFQ for research partner on the study
  - o Once awarded, work with researcher on study implementation
  - o Monitor study progress, review findings and data analysis, as follows:
    - ♣ In collaboration with a state-wide association of school-based health centers, develop a survey for administration at such centers that is designed to obtain information concerning existing data collection practices and the anticipated challenges and opportunities presented by the implementation of more comprehensive data collection systems at such centers.
    - ♣ In collaboration with the Commissioner of Public Health, develop appropriate reporting requirements for school-based health centers to determine and respond to the needs of school-based health centers. The committee may contract with a consultant to develop the survey not later than January 1, 2026, the Transforming Children's Behavioral Health Policy and Planning Committee shall submit a report, to the joint standing committee of the General Assembly having

cognizance of matters relating to public health. Such report shall include, but need not be limited to, the survey and reporting requirements.

- School Behavioral Health Services study
  - Develop a scope of work for the intent of conducting a review of Medicaid and private insurance billing codes (e.g., behavioral health services provided and billed within schools) to ensure non-duplicative billing, opportunities to fully claim reimbursement for services provided, and efficient effective team coordination and collaboration among school-based mental health professionals.
  - TYJI to release RFQ for research partner on the study (if applicable)
  - If applicable, once awarded, work with research partner on the study
  - Monitor progress of study, review findings and data analysis
- Identify potential third priority area in partnership with the workgroup (e.g., early childhood)
- Consistent monitoring of TCB 2025 passed legislation and updates on the status of the implementation progress will be given at each workgroup meeting.
  - Collaborate with identified responsible state agencies and private organizations on progress of implementation, barriers, and needed adjustments.
- Develop a set of 2026 draft recommendations with the workgroup and present recommendations to the TCB committee in fall of 2025
  - TCB leadership will review drafts and provide feedback
  - Draft Workgroup recommendations will be presented at the October TCB Meeting

*\*The development of 2026 recommendations is dependent on priorities, and progress within the group. If the group does come up with a set of recommendations, the decision to proceed with 2026 legislative recommendations package depends on committee and leadership feedback*

### **Long-Term Workgroup Goals (2025-2028):**

\* \*Other priority areas and strategies identified in the strategic plan will be added to the workplan annually

- Identify how the workgroup will sustainably implement the 2025, 2026 and subsequent years' legislative priorities.
- Identify how the workgroup will implement priorities identified in the strategic plan into the School Based Annual Workplan for 2026, 2027, and subsequent years.

***Meeting Schedule: School Based Workgroups are set to Start April 7<sup>th</sup>, 2025, and recur on the first Monday of the month from 3:00-4:30 PM. All meetings will be virtual. Meeting agendas and the zoom link will be sent out prior to the meeting each month.***

# 2025 Advisory Bodies Alignment Document

## **Purpose:**

The intent of this document is to identify alignment in TCB's work and identify areas for collaboration across advisory bodies in Connecticut. The Transforming Children's Behavioral Health Policy and Planning Committee (TCB) has developed a draft 3-year strategic plan and has identified goals, priority areas, strategies, and data needs. Within the Strategic Plan, and throughout TCB workgroup and monthly meetings, it has been identified that there is a need to align work to ensure the TCB is not duplicating efforts with other advisory bodies and find areas of alignment where the TCB can collaborate and work with individuals to ensure systems and policies are effective and sustainable.

## **Process:**

To gather information, TYJI staff identified various advisory bodies where there could be alignment with the TCB's scope of work. The TYJI reviewed meeting minutes, watched meetings, and reviewed reports identifying the various advisory bodies priorities and legislative recommendations. The TYJI set up introductory meetings with committees to explain the structure of the TCB, our priorities, 2025 legislation, and scope of work. The TCB is dedicated to promoting collaboration with advisory bodies. This document represents a significant step forward, reinforcing partnerships and ensuring efficient coordination of initiatives in the realm of children's behavioral health. In the process of meeting with advisory bodies, there were instances where the advisory body identified they were no longer active, or did not have alignment with the TCB.

## **Diagrams:**

TYJI created Venn diagram charts, where applicable, with the identified advisory bodies. A broad overview of the TCB's legislative priorities is identified in the diagrams, as well as the priorities of the advisory bodies. In the middle of the diagram, the alignment between the two committees is listed. TYJI will continue to collaborate and find alignment with committees. Venn Diagrams were created for the applicable advisory bodies where alignment was found.

\*Please note not all advisory bodies listed have diagrams

**Identified Advisory Bodies:**

Advisory Body	Leadership	Description	Venn Diagram <i>*if applicable</i>
Children's Behavioral Health Advisory Committee (CBHAC)	Co-Chairs: Gabrielle Hall and Jo Hawke, Ph.D	The mission of this committee is to provide a system of care that addresses children's and families' behavioral needs. This committee focuses on the effectiveness of preventative care, early intervention, and behavioral health treatment programs for children aged from birth to 18. <sup>1</sup>	Page: 9
Statewide Advisory Council (SAC)	Co-Chairs: Sarah Lockery, LMFT and Myke Halpin	The Statewide Advisory Council evaluates and provides an outside perspective on reports, budgets, and policies of the Department of Children and Families (DCF). Additionally, the SAC provides recommendations to DCF for the purpose of improving services for children and youth and ensuring those seeking services are receiving timely, appropriate, and adequate provision of services to meet the	Page: 10

<sup>1</sup> Hall G. & Hawke J. (2024) 2024 Annual Report Children's Behavioral Health Advisory Committee [SCCC-Report-FY24Final1.pdf](#)

		physical, mental health and developmental needs of children. <sup>2</sup>	
Behavioral Health Partnership Oversight Council (BHPOC) <i>*TYJI to connect with the Child/Adolescent Quality, Access, and Policy Committee</i>	Tri- chairs: Terri Depietro, MBA, OTR/L, Howard Drescher, and Representative Mike Demicco	This council's mission is to oversee the state's Behavioral Health Partnership, ensuring that behavioral health services are effective, efficient, and accessible. It monitors service delivery and provides recommendations for improvements. <sup>3</sup>	Page: 11
Children's Behavioral Health Plan Implementation Advisory Board (CBHPIAB)	Tri - chairs: Elisabeth Cannata, PH.D., Carl Schiessl, JD, and Ann Smith, JD, MBA	This board's mission is to oversee and guide the implementation of community behavioral health partnerships. It aims to enhance the delivery of behavioral health services through collaboration among state agencies, service providers, and the community. <sup>4</sup>	Page: 12
Juvenile Justice Policy Oversight Committee (JJPOC)	Co-chairs: Representative Toni	The JJPOC's mission is to evaluate and improve the juvenile justice system in Connecticut. It focuses on promoting	Page: 13

<sup>2</sup> Lockery, S., & Halpin, M. (2024). 2024 Annual Report - Statewide Advisory Council to the Department of Children and Families

<sup>3</sup> Connecticut General Assembly. (2025b, January 8). <https://www.cga.ct.gov/ph/BHPOC/>

<sup>4</sup> Cannata E., Schiessl C., & Smith A. (2024) 2024 Annual Report Children's Behavioral Health Plan Implementation Advisory Board [CBHPIAB 2024 Annual Report Final.pdf](#)

	Walker, Daniel Karpowitz	public safety, offender accountability, and rehabilitation through effective policies and practices. <sup>5</sup>	
Children's (Kids) Cabinet	Chaired by Thea Montanez, Senior Advisor in the Office of the Governor	<p>Created in the fall of 2023, the Governor’s Kids Cabinet is an advisory panel of 12 state agency leaders focused on the implementation of solution focused, interagency initiatives designed to achieve better outcomes for Connecticut’s children, youth and their families. The work of the Kids Cabinet is guided by the three key principals below:</p> <ul style="list-style-type: none"> <li>• Promote equitable policies to ensure all children’s safety and well-being by reducing racial and socioeconomic disparities</li> <li>• Create comprehensive &amp; integrated systems of care by strengthening communication &amp; partnership across the child well-being system Make better use of existing resources by coordinating services and funding opportunities</li> </ul>	

<sup>5</sup> (2025). *Juvenile Justice Policy and Oversight Committee 2025 Recommendations* (p. 5) [Review of *Juvenile Justice Policy and Oversight Committee 2025 Recommendations* ]. TYJI Tow Youth Justice Institute. <https://acrobat.adobe.com/id/urn:aaid:sc:US:d9777bb7-f5c7-4df6-bde9-e9701b657c8f>

<p>Children’s Subcommittee Healthcare Cabinet</p>	<p>Co-chairs: Paul Dworkin, MD and Alice Forrester, Ph.D.</p>	<p>The subcommittee’s mission is to ensure children access affordable, quality, and holistic healthcare by addressing obstacles and supporting the health of families and communities. The Committee’s focus is on providing high-needs children and youth with wraparound services and a continuum of care, as well as advocating for policies that enhance community efforts through improved systems and communication.<sup>6</sup></p>	<p>Page:</p>
<p>State Advisory Council on Special Education</p>	<p>Co-chairs: Jennifer Lussier and Susan Yankee</p>	<p>The council's mission is to advise the state on special education services and policies. It focuses on ensuring that students with disabilities receive appropriate education and support.<sup>7</sup></p>	<p>Page: 15</p>
<p>Autism Spectrum Disorder Advisory Council (ASDAC)</p>	<p>Co Chairs: Jimnahs Miller and Yana Razumnaya</p>	<p>The council's mission is to advise state on policies and practices that impact individuals with autism spectrum disorder (ASD). The council focuses on improving services, support, and resources for individuals with ASD and their families.<sup>8,9</sup></p>	<p>Page: 16</p>

<sup>6</sup> 2025 Healthcare Cabinet Report 2025 healthcare cabinet report. (2025). [https://osc.ct.gov/wp-content/uploads/2025/01/2025\\_OSC\\_Healthcare\\_cabinet\\_report\\_FINAL.pdf](https://osc.ct.gov/wp-content/uploads/2025/01/2025_OSC_Healthcare_cabinet_report_FINAL.pdf)

<sup>7</sup> Lussier J. and Yankee S. (2024) 2024 Annual Report The Connecticut State Advisory Council for Special Education [State Advisory Council for Special Education 2024 Annual Report](#)

<sup>8</sup> Autism spectrum disorder advisory council. CT.gov. (2025a). <https://portal.ct.gov/OPM/PDPD/PDPD/Autism-Spectrum-Disorder-Advisory-Council>

<sup>9</sup> ASDAC Legislative Priorities. CT.gov. (2025a). <https://portal.ct.gov/OPM/PDPD/PDPD/Autism-Spectrum-Disorder-Advisory-Council>



School Nurse Advisory Council	Co Chairs: Donna Kosiorowski, MS, RN, NCSN-E and Paula Feyerharm, RN	The council's mission is to provide guidance on school nursing practices. It focuses on promoting the health and well-being of students through effective school health policies and programs. <sup>10,11</sup>	Page: 17
School Based Health Center Advisory Committee	Co-chairs: Melanie Wilde Lane & Amanda Pickett	This committee's mission is to advise on the operation and expansion of school-based health centers. It aims to ensure that students have access to comprehensive health services within the school setting. <sup>12,13</sup>	Page: 18
Two Generation Advisory Council	State Wide Coordinator: Christina Morales, MSW	The council's mission is to promote two-generational approaches that address the needs of both children and their parents. It focuses on creating opportunities that support family economic success and children's development. <sup>14</sup>	Page: 19

<sup>10</sup> [School Nurse Advisory Council. CT.gov. \(2025\). https://portal.ct.gov/sde/school-nursing/school-nurse-advisory-council#:~:text=This%20council%20advises%20the%20Commissioners,matters%20that%20affect%20school%20nurses.](https://portal.ct.gov/sde/school-nursing/school-nurse-advisory-council#:~:text=This%20council%20advises%20the%20Commissioners,matters%20that%20affect%20school%20nurses.)

<sup>11</sup> Recommendations of the Connecticut School Nurse Advisory Council. 2024 [school-nurse-advisory-council-recommendations-2024.pdf](#)

<sup>12</sup> *School Based Health Centers*. (2013). CT.gov - Connecticut's Official State Website. <https://portal.ct.gov/DPH/Family-Health/School-Based-Health-Centers/School-Based-Health-Centers>

<sup>13</sup> October 2024. School Based Health Center Advisory Committee Meeting Minutes. [October Meeting Minutes](#)

<sup>14</sup> (2022). Connecticut Two-Generational (2Gen) Initiative [Review of *Connecticut Two-Generational (2Gen) Initiative* ]. In *Connecticut Office of Early Childhood*. <https://www.ctoec.org/2gen/#:~:text=2Gen%27s%20innovative%20whole-family%20approach,and%20partners%20in%20our%20work.>

<p>Comprehensive Needs of Children Task Force <i>*Per the chairs, this committee is no longer active</i></p>	<p>Co-Chairs: Alicia Roy, Ph.D, and Christopher Trombly, Ph.D.</p>	<p>This task force was established to study the comprehensive needs of children in Connecticut and to make recommendations for improvements. Its mission includes evaluating various aspects of children's well-being, such as health, education, and safety, to ensure a holistic approach to supporting the state's youth.<sup>15,16</sup></p>	<p>Page: 20</p>
<p>Task Force to Study Special Education Services and Funding <i>*Per the chairs, this committee is no longer active</i></p>	<p>Tri-chairs: Fran Rabinowitz, Andrew A. Feinstein and Michelle Laubin</p>	<p>This task force's purpose was to study and evaluate issues relating to special education including providing special education, the cost of special education, how costs affect a district's minimum budget requirement, special education reimbursement to boards of education, and any other issues or topics relating to special education deemed necessary by</p>	

<sup>15</sup> [Task Force to Study the Comprehensive Needs of Children in the State - C G A - Connecticut General Assembly](#)

<sup>16</sup> *2024 Final Report* [Review of *2024 Final Report*]. Comprehensive Needs of Children Task Force.  
[https://docs.google.com/document/d/10eK1BS5r\\_nLfr4D1YBDsxKCwD4m7Rv1u/edit](https://docs.google.com/document/d/10eK1BS5r_nLfr4D1YBDsxKCwD4m7Rv1u/edit)

		the task force. The task force submitted their final report in January of 2025. <sup>17</sup>	
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**Venn Diagrams:**

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<sup>17</sup> 2025. Final Report to the Task Force to Study Special Education Services and Funding. [Final Report of the Task Force January 15, 2025.pdf](#)

### **Transforming Children’s Behavioral Health Policy and Planning Committee (TCB)**

- Increase Medicaid reimbursement rates based on access needs
- Sustain funding for mobile crisis
- Promote Medicaid and commercial billing for Urgent Crisis Center (UCC) services by refining the interim rates established for UCCs
- Identify and help off-set initial costs for on-boarding and training clinical staff in evidence-based models
- Support and identify the needs and time-demands placed on families and children, and the ability to deliver positive outcomes in a sustainable manner for In Home Child and Adolescent Psychiatric Services (IICAPS)
- Increase the age of insurance coverage for Applied Behavioral Analysis (ABA) for individuals with autism spectrum disorder (ASD)
- Review utilization and anticipated demand of the children's behavioral health crisis continuum
- Develop effective reporting mechanisms for school based health centers (SBHCs) and identify data collection strategies

### **Children’s Behavioral Health Advisory Committee (CBHAC)**

- Promote and enhance the provision of health services for all children in the State of CT
  - Advocate for state funding to families, providers, community/family initiatives.
  - Address disparities in access to culturally appropriate care
  - Advocate for workforce development
  - Access to a comprehensive array of services and supports
  - Support and promote the use of data to inform decision-making discussions and activities
- Stabilize and advocate for the behavioral health workforce
  - Support and promote the use of data to inform decision-making discussions and activities

### **Transforming Children’s Behavioral Health Policy and Planning Committee (TCB)**

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### **Statewide Advisory Council (SAC)**

- Recommend to commissioner programs, legislation or other matters which will improve services for children and youth, including behavioral health.
  - a. Timely, appropriate and adequate provision of services to meet the physical, mental health and developmental needs of children.
- Annually review and advise commissioner regarding proposed budget
- Interpret to the community at large the policies, duties and programs of the dept.
- Issue any reports it deems necessary to the Governor and the Commissioner of DCF
- Review and comment on reports
- Independently monitor the dept's progress in achieving its goals as expressed in such reports
- Offer assistance and provide an outside perspective to the dept so that it may be able to achieve the goals expressed in such reports.

• Improve behavioral health services for children and youth.

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### **Behavioral Health Partnership Oversight Council (BHPOC)**

- Enhance Medicaid reimbursement rates.
- Ensure access for those seeking behavioral health services across the lifespan
- Enhance care coordination and quality of care.
- Reduce behavioral health emergency department visits.
- Address challenges in service accessibility for youth with intellectual disabilities.
- Adjust rate setting process for substance abuse disorder programs.
- Expand training services for behavioral health support specialist to meet the needs of all children.

Increased Medicaid reimbursement rates.

Enhanced care coordination and quality of care.

Ensure access to care for those seeking behavioral health services.

Reduce behavioral health emergency department visits.

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### **Children’s Behavioral Health Plan Implementation Advisory Board (CBHPIAB)**

- Stabilize and grow the behavioral health workforce
- Expanding the youth and family peer support workforce
- Increased Medicaid rate reimbursement
- Align oversight and advisory efforts

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Ensure youth voices are represented in policymaking  
Administered by TYJI

### Juvenile Justice Policy Oversight Committee (JJPOC)

- Ensure youth voices are represented in policymaking
- Improve student attendance outcomes by mandating annual reporting from attendance review teams and chronic absenteeism plans.
- Standardize youth diversion programs by requiring annual municipal reporting, developing a uniform statewide policy, and creating a training curriculum for law enforcement.
- Standardize youth diversion programs by requiring annual municipal reporting, developing a uniform statewide policy, and creating a training curriculum for law enforcement.
- Enhance accountability for addressing gender-specific needs in juvenile justice
- Improve re-entry support for youth through transportation assistance, flex funds for families, relocation resources, and better connections to vocational and employment opportunities.



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### **Comptroller’s Health Cabinet- Children’s Subcommittee**

- Increase financial support for care coordination services
- Improve data collection and Analysis among SBHCs
- Track and review service delivery to advance utilization of needs
- Ensure there is collaboration with stakeholders in policymaking

Improve data collection and analysis among SBHCs

Ensure there is collaboration with stakeholders in policymaking

Track and review service delivery to advance utilization of needs

### **Transforming Children’s Behavioral Health Policy and Planning Committee (TCB)**

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### **State Advisory Council on Special Education**

- Ensuring children with disabilities are included in emergency planning
- Supporting student safety, mental health, inclusion by ensuring the systemic support
- Incentives for special education workers
- Provide additional funding to support alternate path to certification programs.
- Additional funding and training to support districts to provide a continuum of placements and supplementary aids and services for students with high needs.

Support and sustain the  
workforce

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### **Autism Spectrum Disorder Advisory Council (ASDAC)**

- Enhance workforce development for ASD service providers
- Explore reimbursement rates and promote competitive wages for staff and providers
- Insurance reform to be inclusive of behavior therapy over age 21

- Stabilize the behavioral health workforce
- Expand access to care for children utilizing ABA services
- Evaluating needs and gaps in services and enhancing data collection

### **Transforming Children’s Behavioral Health Policy and Planning Committee (TCB)**

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### **School Nurse Advisory Council**

- Advocate for school nurses to be nationally certified within 2 years of hire
- Advocate for Unlicensed Assistive Personnel (UAP) to administer medication
- Promotion of health and well-being of students through effective school health policies
- Advocate for school nurses to have higher pay and increased training hours
- Workforce retention and stabilization

- Stabilize and grow the behavioral health workforce
- Promotion of the health and well-being of students through effective school health policies

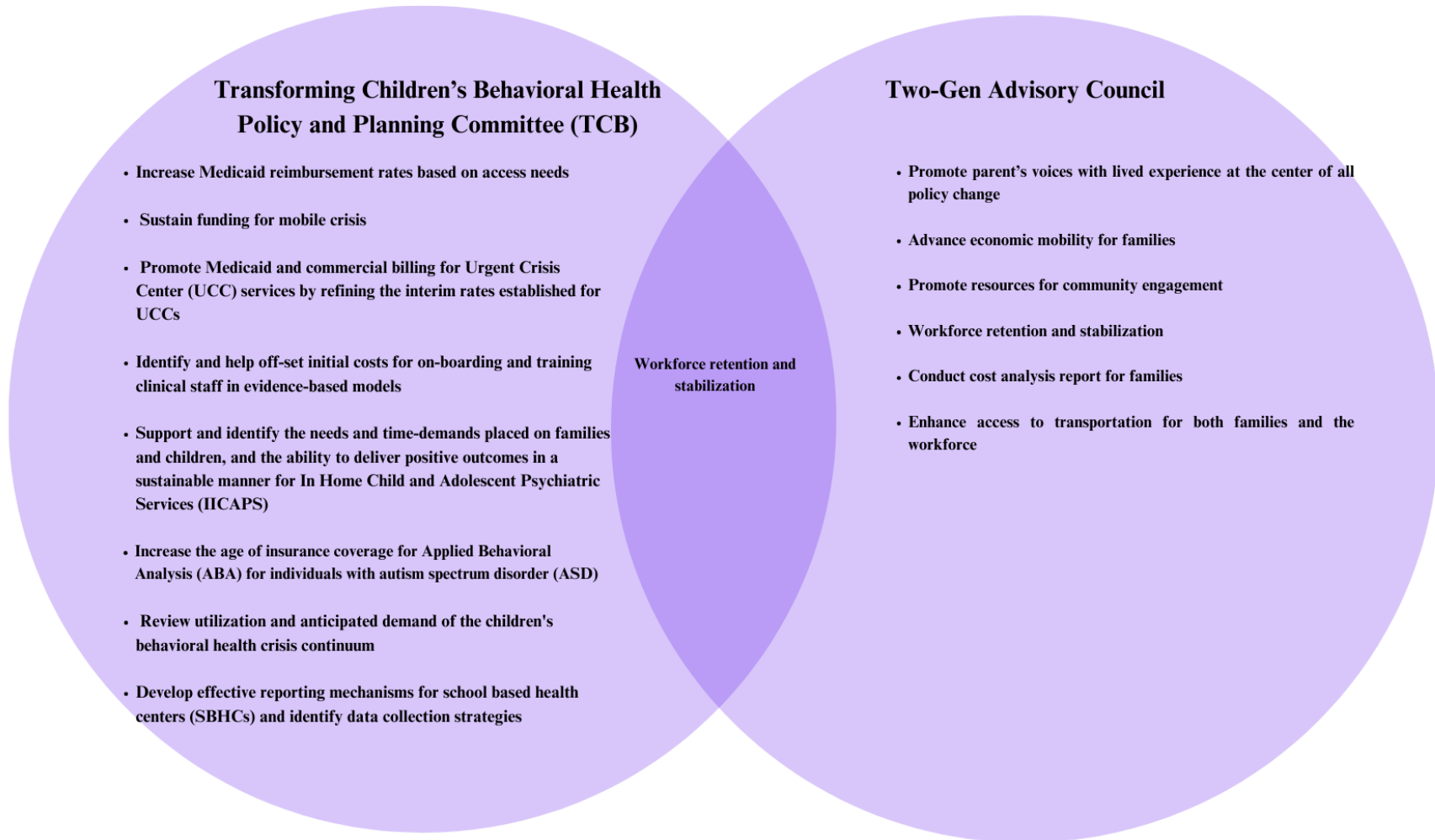
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### **School Based Health Center Advisory Committee**

- Extending Medicaid reimbursement for telehealth services
- Expansion of Medicaid to include:
  - Medicaid coverage for undocumented young adults up through the age of 21
  - Increase reimbursement rates for children’s Behavioral Health services to cover actual costs
- Reintroducing annualizing COLA back into the budget line item for SBHCs through the Appropriations Committee

Increased Medicaid  
reimbursement rates  
for children’s  
behavioral health  
services



### **Transforming Children’s Behavioral Health Policy and Planning Committee (TCB)**

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### **Comprehensive Needs For Children Taskforce**

- Make health care costs – including the costs of behavioral and mental health care – affordable for families.
- Establish a reimbursement mechanism (e.g. under Medicaid) for Occupational Therapy/ Executive Function supports and ensure that such services are made more broadly available to children in all settings.
- Provide greater supports – in school and out – for children and adolescents who have been disconnected from school due to social-emotional concerns, academic delays, suspensions/expulsions.
- Increase access to hands-on job-training programs, leadership development opportunities, and civic engagement opportunities for adolescents, especially those from families with limited means.
- Address payment/reimbursement issues for pay-for-service in the school setting.

- Stabilize the behavioral health workforce
- Increased access to behavioral health services
- Promote support services for children and young adults

**Conclusion:**

The TCB aims to leverage the initial meetings with advisory bodies to identify and enhance alignment and collaboration opportunities. This document, along with the strategic plan, should be regarded as 'living documents,' subject to continuous review and updates in response to changes in the environment, state, and federal policies.



### C. Glossary of Commonly Used Terms

The TCB Glossary is a living document that contains frequently used phrases and terms. Additional terminology will be added as meetings occur throughout the year.

1. **42 CFR:** Part 2: A federal regulation that protects the privacy of patients with substance use disorders (SUD). Confidentiality protections help address concerns that discrimination and fear of prosecution deter people from entering treatment for SUD.
2. **504:** Section 504 of the Rehabilitation Act and the Americans with Disabilities Act is civil rights law protects individuals with disabilities from discrimination that arise because of their disability. A 504 Service Agreement is considered when a child has a disability that can limit at least one major life activity, which can include walking, seeing, hearing, speaking, breathing, learning, reading, writing, performing math calculations, taking care of oneself, or performing simple manual tasks. A 504 Service Agreement often contains a list of accommodations and modifications that can assist the child with disabilities in the classroom.
3. **Acute Care:** Medical treatment rendered to individuals whose illnesses or health problems are of short-term or short episodes. Acute care facilities are those hospitals that mainly serve persons with short-term health problems.
4. **Advocacy:** Advocacy means encouraging someone, including legislators, but also the public or individual community members, to take action on an issue that is not currently being considered as legislation by the legislature, or as administrative action by the executive branch. (Compare to “Lobbying” and “Education.”)
5. **Amendment:** A written proposal to change the language of a CGA bill or resolution, prepared by the Legislative Commissioner's office. Each amendment can be identified as House or Senate “A.”
6. **Anorexia Nervosa (also called anorexia):** An eating disorder characterized by low

body weight (less than 85 percent of normal weight for height and age), a distorted body image, and an intense fear of gaining weight.

7. **Attention-Deficit/Hyperactivity Disorder (ADHD)**: A behavior disorder, usually first diagnosed in childhood, which is characterized by inattention, impulsivity, and, in some cases, hyperactivity.
8. **Autistic Spectrum Disorder (also called autism)**: A neurological and developmental disorder that usually appears during the first three years of life. A child with autism appears to live in his/her own world, showing little interest in others, and a lack of social awareness. The focus of an autistic child is a consistent routine and includes an interest in repeating odd and peculiar behaviors. Autistic children often have problems in communication, avoid eye contact, and show limited attachment to others.
9. **Behavioral Health**: A state of mental and emotional being and/or choices and actions that affect wellness. Behavioral health challenges include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicidal ideation, and mental disorders.
10. **Bill Number**: The number given to each CGA bill when it is first introduced in a legislative session. Senate bills are number 1 to 4999; House bills are number 5000 and up.
11. **Case Management**: A process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet a client's health and human service needs.
12. **Children's Health Insurance Program (CHIP)**: A program by which states insure low-income children (aged 19 or younger) who are ineligible for Medicaid but whose families cannot afford private insurance. States receive federal matching dollars to help provide for this coverage
13. **Ohio Scales**: Include 40 items that measure the degree of problems a child is currently experiencing (problem severity) and the degree to which a child's problems affect their day-to-day activities (functioning).
14. **Practitioner or Clinician**: A healthcare professional such as a mental health counselor, physician, psychiatrist, psychologist, or nurse who works directly with patients (as opposed to one who does research or theoretical studies).
15. **Co-morbidity**: Having more than one disorder or illness at the same time.
16. **Commitment**: A court order, giving guardianship of a minor to the state department of juvenile justice or corrections. The facility in which a juvenile is placed may be publicly or privately operated and may range from a secure correctional placement between non-secure or staff secure, group home,

foster care, or day treatment setting. Involuntary Commitment of an individual to a psychiatric in-patient unit by a psychiatrist after finding patient to be a danger to self or others.

17. **Education:** In the context of policy change, education means informing someone, including legislators, but also the public or individual community members, about facts, or real-life experience related to a particular issue, without encouraging any particular action on the issue, whether or not that issue is currently being considered, as legislation by the legislature. (Compared to “Advocacy.”)
18. **Evidence-Based Practice:** The use of current best evidence in making decisions about the care of individuals. This approach must balance the best evidence with the desires of the individual and the clinical expertise of health care providers. Evidence Based Treatment is any practice that has been established as effective through scientific research according to a set of explicit criteria (Drake et al., 2001). These are interventions that, when consistently applied, consistently produce improved client outcomes. Some states, government agencies, and payers have endorsed certain specific evidence-based treatments such as cognitive behavioral therapy for anxiety disorders and community assertive treatment for individuals with severe mental illness and thus expect that practitioners are prepared to provide these services.
19. **Fiscal Analysis, Office of (OFA):** The nonpartisan staff office of the CGA responsible for assisting the legislature in its analysis of tax proposals, the budget, and other physical issues.
20. **Fiscal Note:** Statement prepared by the Office of Fiscal Analysis of the cost for savings resulting from a bill or amendment. Required for every bill or amendment considered by the House or Senate.
21. Fiscal Year (FY): The state’s budget year which runs from July 1 to June 30.
22. **HIPAA:** HIPAA (The Health Insurance Portability and Accountability Act of 1996) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient’s or legal guardian’s consent or knowledge.
23. **Inpatient Care:** Care for a period of time in a hospital or (psychiatric residential treatment- not technically considered in-patient) facility during which an individual can be closely monitored to provide accurate diagnosis, to help adjust or stabilize medications, or during an acute episode when a person’s mental illness temporarily worsens.
24. **Lobbying:** Communicating directly or soliciting others to communicate with any official or their staff in the legislative or executive branch of government

or in a quasi-public agency, for the purpose of influencing any legislative or administrative action. For example, encouraging a legislator or member of their staff to “vote for/against” a particular bill is lobbying. (Compare to “Advocacy.”) “Lobbying” does not include (A) communications by or on behalf of a party to a contested case before an executive agency, or a quasi-public agency, (B) communications by vendor acting as a salesperson, and now otherwise trying to influence an administrative action, (C) communications by an attorney made while engaging in the practice of law. (For more, see CGA definition.)

25. **Lobbyist:** Person required to register with the Ethics Commission who spends or is paid at least \$2000 a year to influence legislation. Lobbyists are required to wear blue badges stating their names and whom they represent.
26. **Managed Care:** May specify which caregivers the insured family can see and may also limit the number of visits and kinds of services that are covered by insurance. Connecticut is one of a small number of states that does not participate in Medicaid Managed Care.
27. **Medicaid:** A program jointly funded by federal and state governments that provides health care coverage to certain classes of people with limited income and resources. Within federal guidelines, state governments set eligibility standards, determine optional services provided, set reimbursement rates, and administer the program.
28. **Medicare:** A federal government program that provides health insurance coverage to eligible adults aged 65 or older and people with disabilities. It has four parts: Part A, which covers institutional services, including inpatient hospital services, nursing home care, initial home health visits, and hospice care; Part B, which covers physicians and other professional services, outpatient clinic or hospital services, laboratory services, rehabilitation therapy, and home health visits not covered by Part A, among other services; Part C, the Medicare Advantage program, which is managed by private companies for a flat fee per patient per month; and Part D, which began in 2006 and covers medication.
29. **Mental Health:** A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.
30. **Mental Illness:** A state of emotional and psychological unrest characterized by alterations in thinking, mood, and/or behavior, causing distress and/or impaired functioning.

31. **Motion:** A formal request for particular action. One member must take a motion and another member second for the group to discuss and vote on an issue before the group. Any member can make a motion.
32. **Outpatient:** A patient who receives medical and/or mental health treatment without being admitted to a hospital.
33. **Readings:** A technical term for three stages of a CGA bill's passage. The first reading is the initial committee referral, the second occurs when the bill is reported to the floor and tables for the calendar and printing, and the third when the bill is debated and voted on. At none of the stages is the bills text actually read aloud.
34. **Second:** To endorse a motion made by another member. Required for further consideration of the motion. Short session: The three-month CGA session held during even-numbered years.
35. **Statute:** Another name for a law. "The statutes" are the General Statutes of Connecticut.
36. **Supplemental Security Income (SSI):** A disability program of the Social Security Administration.
37. **Substance Abuse and Mental Health Services Administration (SAMHSA):** The mission of SAMHSA is to provide, through the U.S. Public Health Services, a national focus for the Federal effort to promote effective strategies for the prevention and treatment of addictive and mental disorders. SAMHSA is primarily a grant-making organization, promoting knowledge and scientific state-of-the-art practice. SAMHSA strives to reduce barriers to high quality, effective programs and services for individuals who suffer from, or are at risk for, these disorders, as well as for their families and communities

**Children's Behavioral Health Advisory Bodies Alignment Document**

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